

- Admission as a student to Samford University through the Admissions Office is required prior to registration for any class and for receipt of ETB.
- Registration through Student Records is required prior to class attendance each term.
- Each term, an Employee Tuition Benefit (ETB) form must be completed and returned to The Office of Financial Aid (Samford Hall) no later than two weeks prior to the beginning of each term.
- Advise The Office of Financial Aid of any financial assistance from other sources.
- Advise the Office of Financial Aid of any change in your enrollment status that is different from what you indicate below.

| Employee's Name: | Employee ID: |
|---|-----------------------------------|
| Employee's Department: | Campus Phone: |
| Anticipated Hours for Fall 2015 | Anticipated Hours for Spring 2016 |
| Is Student working towards a degree: Yes If no, explain why student is taking classes: | |

Level of Degree:

*Doctoral programs are not eligible for ETB

1. Certification By Employee

As a full-time employee of Samford University, I certify that I am the student named above. I further certify that I have read, understand, and agree to abide by the ETB Policy as approved by the Trustees of Samford University.

Employment Status: full-time employee retiree

| Have you receiv | ed a graduate deg | ree from Samford | University utilizir | ng the Employment | Tuition Benefit? |
|-----------------|-------------------|------------------|---------------------|-------------------|------------------|
| Yes | No | | | | |

| Employee's Signature |
|----------------------|
|----------------------|

Date

2. <u>Certification By Employee's Supervisor (If this ETB request is for an employee)</u>

| I am aware of this employ | vee's plans to attend cla | asses | | | | | | | | |
|--|---------------------------|------------------------|------|-----|------|--|--|--|--|--|
| | | Supervisor's Signature | | | Date | | | | | |
| 3. <u>Certification of Full-time Employment (To be completed by The Office of Financial Aid)</u> | | | | | | | | | | |
| | | | | | | | | | | |
| Employee's Service Date | FA Representative | Date | 100% | 75% | 50% | | | | | |