



LOYOLA UNIVERSITY CHICAGO

TUITION BENEFIT REQUISITION

Employee Information:

Employee's Name: [] SS#: [] Hire Date: []
Dept: [] Job Title: [] Ext: [] Campus: []
Employee/Faculty status: [] (2 Choices)

Student Information:

Student's Name (if different) [] Student's SS#: []
Relationship to employee: [] Student ID (if known): []
If Dependent child give date of birth: []
Was FAFSA filed? [] Yes/Date filed [] [] No Enrollment level: []
Term covered by this form: [] (8 choices) Number of Credit Hrs covered by this []

Complete ONLY if the employee is the student:

Table with 5 columns: Course Title, Course #, Credit Hours, Time, Days. Contains 3 empty rows for data entry.

Work Day Class refers to 50 min. class periods only. See "When Classes May Be Taken" in attached Tuition Benefit Guidelines. Classes taken outside Tuition Benefit Guidelines may not be approved.

Table with 5 columns: Course Title, Course #, Credit Hours, Time, Days. Contains 1 empty row for data entry.

CERTIFICATION

I am aware of the LUC/LUMC policy regarding tuition benefits and special restrictions for work day classes. I also understand that employees must receive approval from Human Resources before tuition benefits are approved. Further, if requesting tuition benefits for a spouse or dependent, I am aware of LUC/LUMC policy regarding tuition benefits for spouses and dependents. I understand that I am responsible for all fees including late fees and tuition benefit fees, and hereby certify that the proposed recipient meets all University and IRS eligibility requirements.

I have read the CERTIFICATION statement above and have [] yes
Date: []

By clicking the box above, you will be able to e-mail this form to HR.

For HR use only:
The above request is consistent with University policy and is hereby approved.
Approval of Human Resources Representative [] Date []

For Office Use Only Award ID []