TSU TEXAS SOUTHERN UNIVERSITY
Human Resources

Addendum A

Employee Tuition Benefit Program Application Form

This form must be submitted through the Office of Human Resources no later than the applicable census date for the semester in which the employee is enrolling

SECTION 1: EMPLOYEE INFORMATION

Employee Name:

Employee ID Number:

Department:

Position Title:

Employee Status (check one): ☐ Exempt ☐ Non-Exempt

Date of Hire:

Immediate Supervisor Name:

SECTION 2: TERM AND COURSE INFORMATION

Semester/Term: ☐ Fall ☐ Spring ☐ Summer Year:

Degree or Certificate Program:

Course Number	Course Title	Credit Hours

Total Credit Hours Requested (maximum six (6) per Section IV.A.2):

☐ One or more courses listed above are offered during regular business hours (supervisor approval required in Section 4 below)

SECTION 3: EXTERNAL FUNDING DISCLOSURE

As defined in Section III of MAPP 02.03.09, External Funding includes, but is not limited to, financial aid, scholarships, grants, and military benefits.

☐ I am not receiving External Funding applicable to designated tuition for this term.

☐ I am receiving External Funding applicable to designated tuition for this term, described below.

Source and Amount of External Funding:

SECTION 4: EMPLOYEE CERTIFICATION

I certify that the information provided in this application is true and complete. I understand that I must meet the eligibility requirements of Section IV.B of MAPP 02.03.09, including that I remain employed by the University through the census date of the applicable semester. I understand that if I drop or withdraw from a listed course after the census date, I am responsible for repayment of all designated tuition costs paid under the Program for that course, as set forth in Section IV.A.4. I understand that the Program does not cover statutory tuition, mandatory fees, or incidental fees, and that I remain responsible for satisfying all University admission and academic requirements, including satisfactory academic progress.

Employee Signature: _____ Date: _____

I approve this employee's enrollment in the course(s) identified above during regular business hours, consistent with Section IV.A.5 of MAPP 02.03.09.

Supervisor Signature: _____ Date: _____

SECTION 5: OFFICE OF HUMAN RESOURCES DETERMINATION

☐ Eligibility confirmed. Employee meets the requirements of Section IV.B of MAPP 02.03.09.

☐ Application denied. Reason:

Approved Benefit Amount: _____

HR Reviewer Name and Signature: _____ Date: _____

SECTION 6: OFFICE OF STUDENT ACCOUNTING PROCESSING

Benefit Applied to Student Account (Date):

Processed By: