

EMPLOYEE APPLICATION FOR TUITION ASSISTANCE PROGRAM (TAP)

Complete this application with required approval signatures and submit by the required deadline to the TAP Coordinator at the Home Institution.

Application Deadlines: **Spring- November 15** **Summer & Maymester- April 15** **Fall- July 15**

Submit one application per semester up to 30 days prior to the application deadline for program consideration. If the deadline is on a holiday or weekend, the business day prior then applies. **Tuition Assistance waives tuition for up to 9 academic credit hours per semester and applicable student fees for courses at a USG institution.**

| EMPLOYEE INFORMATION | | | | |
|--|---------------------|---------|--|-------------|
| Last Name: | First: | Middle: | Employee ID# | Student ID# |
| Phone Number: | Work Email Address: | | Job Title: | |
| Home Institution: | | | Teaching Institution: | |
| Year: _____ | | | | |
| Academic Term: <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER/MAYMESTER <input type="checkbox"/> FALL | | | <input type="checkbox"/> Undergrad <input type="checkbox"/> Graduate <input type="checkbox"/> Academic Certificate Program | |
| Indicate your program and designation (Associate, Bachelor, Masters, Doctorate, or Academic Certificate Program): | | | | |
| Are you eligible for a grant, scholarship, or additional Financial Aid? If so, please list. | | | | |
| Are you a prior TAP participant? | | | If so, what year, term, and teaching institution? | |
| YES NO | | | | |

| REQUESTED ACADEMIC COURSES | | | |
|---|------------|-----------------------|--|
| Course Number/CRN# | Credit Hrs | Course Name | Class Days & Times (e.g. MWF , T & Th 12:30 - 1:45pm) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Program Exclusions: Employees may not enroll in certain programs or courses, including: dental, law, medical, pharmacy, veterinary, or executive total cost programs, workshops, seminars, continuing education courses, management development programs, special examinations, or private consultant refresher courses to take examinations. | | | |
| Employee Certification: My signature below certifies that the information provided is accurate and truthful. I understand that I must register for courses only during the employee registration period of the Teaching Institution I wish to attend or forfeit my tuition waiver. I also understand that if I'm a graduate student and if/when I exceed the \$5,250 educational tax-free benefit amount, that amount is taxable unless I qualify and am approved under the Working Condition Fringe Waiver. Finally, I certify that I have read and agree to abide by the policies and procedures of the USG TAP Program. | | | |
| Employee Signature: | | | Date: |
| Immediate Supervisor Name (Print): | | Supervisor Signature: | Date: |
| Supervisor Approval: By signing this application, you approve this request and certify that the employee's participation will not adversely affect departmental services and productivity nor cause undue hardship for other employees. | | | |

| TAP COORDINATOR APPROVALS | |
|--|---|
| <i>Once eligibility is approved by the Home Institution TAP Coordinator, this application must be forwarded to the Teaching Institution TAP Coordinator for grade validation and approval (if applicable). The Teaching Institution TAP Coordinator must return the application within 30 days following the current TAP application deadline.</i> | |
| Home Institution | Teaching Institution |
| Eligibility Approved: YES NO | Passing grade for previous semester: YES NO |
| TAP Coordinator Signature & Date: | TAP Coordinator Signature & Date: |
| Notes: | Notes: |

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