



# APU Staff Benefit Request (For Classes at APU-UC)

## 2017-2018

Student's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M. I. \_\_\_\_\_

UC ID # \_\_\_\_\_

### APU Employee Benefit Policy

- **This is a tuition benefit for APU staff taking classes at University College only.** This benefit does not apply to dependents of APU staff. All additional fees are the responsibility of the staff member using the benefit.
- This tuition benefit applies to a maximum of 36 units per award year (6 units each session) up to a 75% tuition discount.
- The employee must be employed at APU during the semester in which they are receiving the benefit.
- Please complete this form BEFORE registering and also discuss any past balance or new owing balance with APU-UC Student Financial Services.
- The amount of this institutional aid is subject to coordination with Federal, state and institutional regulations, which may result in the reduction or elimination of this benefit.
- Students must meet University College Admissions requirements as listed in the catalog to qualify for this benefit.
- Please notify University College Student Financial Services if educational plans change.

### Planned Enrollment

Please check the semester in which you wish attend and list the number of units, the price per unit and the total cost for that corresponding semester that you wish to use your **APU Staff Benefit**. (Check all that apply.)

Semester	# of units	Price per unit	Total Cost
<input type="checkbox"/> Fall 2017		\$	\$
<input type="checkbox"/> Spring 2018		\$	\$
<input type="checkbox"/> Summer 2018		\$	\$
<b>Total (not to exceed 36 units)</b>			

### Required Affirmation and Signature

By signing this form, I affirm that all information on this form is complete and accurate to the best of my knowledge.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

APU-HR Signature \_\_\_\_\_

Date \_\_\_\_\_