



Request for Tuition Credit

Documentation Required Demonstrating Involuntary Changes in Employment Exception

- STUDENT:** Your employer must provide the information requested below.
- IMPORTANT:** This form is to be used as a guideline to help the student with documentation demonstrating an Exception to the Tuition Policy. The Tuition Credit Review Committee reserves the right to ask for additional information from the student so a fair decision can be made.
- EMPLOYER:** You must provide the following information (on Letterhead) and the information must be relevant to the term applied for by the student.

EMPLOYER'S INFORMATION:

COMPANY NAME/SUPERVISOR: _____

MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE NUMBER: _____

RE: INVOLUNTARY CHANGES IN EMPLOYMENT BEYOND THE STUDENT'S CONTROL

The student, _____, has submitted a Request for Tuition Appeal requesting a tuition credit for the **SPRING, SUMMER, FALL TERM** _____
(CIRCLE ONE) (YEAR)

The student's reason for requesting a tuition credit is due to involuntary changes in employment, which was beyond the student's control and prevented the student from attending registered courses for that term.

1. What was the student's work schedule prior to the changes taking place? _____

2. Give a date as to when the employee (student) was first notified of the change(s) to take place. (If a memorandum was sent to the student, please provide a copy): _____

3. Was the change an increase in work hours? Please circle: Yes / No If yes, specify the hours of work before the change and after the change:_____

4. Was this a change in the days worked? Please circle: Yes / No If yes, specify the days worked before the change and after the change:_____

5. Did the employee (student) have a choice in accepting the change(s)?:_____

6. When was the employee (student) first hired for this position?_____

All information requested must be provided. If any of the above information is excluded, the student's Appeal will be rendered incomplete and a decision will not be made.

Supervisor Signature

Date Signed