

APPLICATION FOR TUITION BENEFITS SPOUSE OF EMPLOYEE

APPROVAL			
Employee Signature	Applicant S	ignature	
By signing below, we acknowled, Willamette University as describuition remission benefits are bashe course. Should employment to completion of the course, we undesimbursement of the amount of the course.	ed in the Employee Handbook ed on an employee's continud erminate (unless due to retire erstand that we will be requir	c(s). We also unders ous employment duri oment or disability) pred to make a prorat	tand that ing the term of prior to
CERTIFICATION			
Note: Only undergraduate cou	rses are eligible under the spo	ouse tuition remissio	n program.
Semester: • Fall	• Spring Year: 20_		
Course Name (ie. MATH 101)	* Number of Credits	Start Date (First	day of class)
COURSE INFORMATION			
Employee Status: • Full	-time • Part-time	• Tem	porary
Department:	Hire Date:		
Name of Employee:			
Social Security Number:			