



**APPLICATION FOR TUITION BENEFITS
SPOUSE OF EMPLOYEE**

APPLICANT INFORMATION

Name of Applicant: _____

Social Security Number: _____

Name of Employee: _____

Department: _____ Hire Date: _____

Employee Status: • Full-time • Part-time • Temporary

COURSE INFORMATION

Course Name (ie. MATH 101)* Number of Credits Start Date (First day of class)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Semester: • Fall • Spring Year: 20_____

**Note: Only undergraduate courses are eligible under the spouse tuition remission program.*

CERTIFICATION

By signing below, we acknowledge our understanding of the tuition remission policy of Willamette University as described in the Employee Handbook(s). We also understand that tuition remission benefits are based on an employee's continuous employment during the term of the course. Should employment terminate (unless due to retirement or disability) prior to completion of the course, we understand that we will be required to make a prorated reimbursement of the amount of tuition reduction back to Willamette University.

Employee Signature

Applicant Signature

Date

APPROVAL

Eligibility Approved (HR)

Date

\$ Amt Benefit