

Tuition Benefit Application Form from Oklahoma Baptist University

Student: _____ ID# _____ Semester: Fall January Spring Summer Year: _____

Check One Undergrad course work Graduate course work

Check One

Spouse Child of (Employee Name): _____ Employee ID# _____

Check One

IF student is a child, Child is employee's tax dependent not employee's tax dependent

***Taxes may apply to benefit for children or spouse. You may be contacted by the Controller or VP of Finance re: taxes due. ***

I certify that I have received and read the section of the "Policy Regarding Education Benefits for OBU Employees" which is applicable to benefits for employees, children of employees and spouses of employees and that I understand the benefit offered to me and the requirements that I must satisfy in order to receive the benefit. Part of the requirements by the student is to pay all fees and for required textbooks.

Employee Signature: _____ Date: _____

Supervisor signature **only required if Employee is taking classes

**Supervisor Signature: _____ Date: _____

❖ Considered original provided the following steps are taken:

- Form completed in its entirety
- Employee email to Supervisor **ONLY IF STUDENT IS EMPLOYEE**
- Employee OR Supervisor email to HR@okbu.edu OR deliver to HR Thurmond Hall Room 104

FOR HR USE ONLY:

Status of Application: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse of Employee <input type="checkbox"/> Child of Employee	Status of Employee: <input type="checkbox"/> Faculty <input type="checkbox"/> Support <input type="checkbox"/> Administrative	Employee: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Start Date: _____
HR Representative: _____ Date: _____ Approved by SFS: _____ Date: _____ Denied by SFS: _____ Date: _____		