

APPLICATION FOR TUITION BENEFITS SPOUSE OF EMPLOYEE

Eligibility Approved (HR)			<u></u>	\$ Amt Benefit	
APPROVAL					
Employee Signature		Applicant Sig	gnature	Date	
By signing below, we ack Willamette University as tuition remission benefits the course. Should employ completion of the course, reimbursement of the amount of the amount of the course.	described in the are based on a syment terminat we understand	e Employee Handbook(n employee's continuou e (unless due to retiren that we will be require	s). We also understous us employment durin nent or disability) pr d to make a prorated	and that g the term of ior to	
CERTIFICATION					
*Note: Only undergradu	ate courses are	eligible under the spoi	use tuition remission	program.	
Semester: Fall	 □ Spri	ng Year: 20			
Course Name (ie. MAT	TH 101)*	Number of Credits	Start Date (First	day of class)	
COURSE INFORMAT	TION				
Employee Status:	☐ Full-time	☐ Part-time	☐ Temp	orary	
Department:		Hire Date:			
Name of Employee:					
Social Security Numbe	r:				
Name of Applicant:					