



Application for Tuition Remission

Student Name: _____ SSN#: _____ - _____ - _____

For *DEPENDENTS* (Undergraduate Program ONLY):

- CAPP Undergraduate Program
- Traditional Studies Undergraduate Program
- Online Program

Employee Name: _____

Relationship of dependent to employee (please check one)

- Spouse
- Dependent Child – Date of Birth ____/____/_____

Number of Credit Hours Anticipated:

Summer: _____ Fall: _____ Spring: _____

This is to certify that the student listed above is my dependent and meets the requirements in the Staff Handbook.

Employee Signature Date

For *FULL TIME EMPLOYEES* (Undergraduate and Graduate Programs):

- CAPP Undergraduate Program
- CAPP Graduate Program
- Traditional Studies Program
- Online Program

Number of Credit Hours Anticipated:

Summer: _____ Fall: _____ Spring: _____

Employee Signature Date

Supervisor Signature Date

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APPROVAL AND VERIFICATION OF EMPLOYMENT

Director of Human Resources Date

Approved Denied
Reason: _____

**EMPLOYEE PROMISSORY NOTE
FOR TUITION REMISSION**

Employees granted tuition remission with regard to graduate classes for themselves agrees to work a minimum of two (2) continuous years following the suspension or completion of the degree. Should the employee choose to terminate employment at Shorter University in less than two (2) years, the remaining pro-rata portion of the tuition remission fees will be charged as a loan at the interest rate being charged at such time for Allie Hayes continuing education loans. The employee will pay all fees, including resource and computer fees, as well as textbooks and materials. No release time from work responsibilities will be given. The employee will also be responsible for any income tax due for the benefit (any remitted tuition over \$5,250.00 per year).

By signing this promissory note, the undersigned promises to pay to the order of Shorter University Inc. at Rome, Georgia, the pro-rata portion of such tuition remission fees due at the time of separation from the University, plus interest, in full or in monthly installment payments as set up by the Business Office. If this note is not paid in full when due, the Maker agrees to pay all costs of collection.

All parties hereto hereby waive demand, protests and notice of dishonor, and agree to continue bound notwithstanding any extensions of time or release granted to any party herein.

Signature _____ Date _____

Address _____

Witness Signature _____ Date _____