

FORWARD COMPLETED FORM TO HUMAN RESOURCES

To be completed by Human Resources:

I certify that the above requestor is: Spouse Dependent Child Employee Field Supervisor

Date of Employee's Hire _____

Employee:

Course (please check): \$50 Undergraduate \$100 Graduate (Limit 2 courses per semester full-time, 1 course per semester half-time. Additional courses at a 50% discount)

Audit (please check): \$25 Undergraduate \$50 Graduate

Preceptor/Field Instructor/Adjunct Faculty:

50% discount

Please check the correct one that applies (according to Dean verification provided):

Undergraduate Graduate Medical Noncredit/CE/CME workshops/seminars

Spouse (not to exceed 4 credits per semester and employee has been employed full-time for one year):

Course (please check): \$100 Undergraduate \$200 Graduate

Dependent Children (of full-time employees):

UNE will discount in addition to what the student is receiving in merit aid 20% for each year of continuous uninterrupted service. (Room and board and fees are not eligible expenses.)

Years of continuous uninterrupted full-time service: _____

Total % of discount based on years of continuous uninterrupted full-time service: _____

Years of continuous uninterrupted full-time service	Tuition Discount
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

Signature: _____

Date: _____

Associate VP of Human Resources (or Designee)

FORWARD COMPLETED FORM TO STUDENT FINANCIAL SERVICES

To be completed by Student Financial Services:

Is the requestor eligible for financial aid: Yes No No App

Does the total amount of Grant/Scholarship aid exceed the portion of tuition not covered by Grant In-Aid: Yes No

If yes, amount of Grant In-Aid must be reduced by: _____

Signature _____

Date: _____

Director of Student Financial Services