University System of Georgia Application for
Part-Time Nursing Faculty Tuition Assistance Program (TAP)

Complete this application with all required approval signatures and submit by the required deadline to the TAP Coordinator at the Home Institution. This application is subject to final approval by the TAP Coordinator of the Teaching Institution and TAP coordinator for the USG.
Tuition Assistance waives tuition and applicable student fees for credit courses at a USG institution.

SECTION BELOW TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)

LAST NAME   FIRST NAME   STUDENT ID / EMPLOYEE ID   PHONE

HOME INSTITUTION   JOB TITLE   EMAIL ADDRESS

TEACHING INSTITUTION   ACADEMIC TERM / YEAR

SECTION BELOW TO BE COMPLETED BY EMPLOYEE

What degree are you pursuing? MSN [ ] DNS [ ] DNP [ ] PhD [ ] EdD [ ] Anticipated date of completion _____

If EdD, please indicate your program/degree focus (e.g., Adult Education, etc.)_____

Are you eligible for other financial assistance? Yes [ ] No [ ] If yes, provide name of source _____

List Requested Course(s): The number of semester credit hours (maximum of nine) must be consistent with one's institutional work commitment.

Course	Course Title (e.g. Bioethics in Nursing)	Course Name/# (e.g. Nursing 7222)	Credit Hours	Class Days/Times
1				
2				
3				

Faculty Certification: My signature below certifies that the information provided is accurate and truthful. I understand that I must register for courses only during the employee registration period of the Teaching Institution I wish to attend. I also understand that I must receive a grade of "B" or better and provide a copy of my grade report to the TAP Coordinator of the Home Institution upon completion of the course(s). Finally, I certify that I have read and agree to abide by the policies and procedures of the TAP Program. Should the Student fail to maintain employment with the University System of Georgia or its member institutions for at least two (2) years following completion of the degree currently being sought, the Student shall repay to the institution, the full cost of tuition for the semesters attended under this program.

FACULTY SIGNATURE_____ **DATE** _____

IMMEDIATE SUPERVISOR'S APPROVAL

[ ] **I approve** this request and certify that the faculty member's participation will not adversely affect departmental services nor cause undue hardship for other faculty/staff. If I am allowing this faculty member to attend classes during the workday, attached is the alternate work arrangement.
[ ] **I cannot approve** or certify this faculty member's request to attend classes because_____

SUPERVISOR SIGNATURE _____ **DATE**_____

TAP COORDINATOR APPROVALS

HOME INSTITUTION TAP COORDINATOR APPROVAL: Yes [ ] **No** [ ] **If no, reason** _____

SIGNATURE _____ **DATE** _____

(After approval by the Home Institution Tap Coordinator, this application must be forwarded to the USG NURSING TAP Coordinator within 10 business days following the TAP application deadline).

USG NURSING TAP COORDINATOR APPROVAL: **Yes** [ ] **No** [ ] **If no, reason**_____

SIGNATURE _____ **DATE** _____