

## EMPLOYEE APPLICATION FOR TUITION ASSISTANCE PROGRAM (TAP)

(Please Print)

Complete this application with required approval signatures and submit by the required deadline to the TAP Coordinator at the Home Institution.

Application Deadlines: Spring- November 15 Summer & Maymester- April 15 Fall- July 15
Submit one application per semester up to 30 days prior to the application deadline for program consideration. If the deadline is on a holiday or

veekend, the business day prior thei tudent fees for courses at a USG ins		ion Assistar	ice waives ti	lition for up	to 9 acaden	nic credit nou	rs per semester a	та аррисавіе
		EMI	PLOYEE IN	FORMATIO	N			
ast Name: First:			N	Middle:	Employee ID#		Student ID#	
Phone Number: Work Email Address:					Job Title:			
Home Institution:			Teaching Institution:					
Year: Aca demic Term: SPRING	SUMMER/MAYMESTER FALI			Undergrad G		Graduate	Are you taking classes for academic credit?  YES NO	
Are you pursing a degree? If yes, indica	e program (Ass	sociates, Bach	s, Bachelor's, Masters, etc.): Area			of discipline (e.g. Math, Engineering)		
Are you eligible for a Hope Schola	rship, Hope	Grant, Pell (	Grant, or add	ditional Fina	ancial Aid?	If so, please	list.	
Are you a prior TAP participant?		If so, what year, term, and teaching institution?						
		REQUES	STED ACAD	EMIC COU	RSES			
Course Number/CRN#	Credit Hrs Course			Name		Class Days & Times (e.g. MWF , T & Th 12:30 - 1:45pm)		
1.								
2.								
3.								
<b>Program Exclusions:</b> Employees may no seminars, continuing education courses, mana							recutive total cost progra ake examinations.	ams, workshops,
Employee Certification: My signature be registration period of the Teaching Institution I amount, this amount is taxable will be included the USG TAP Program.	wish to attend or	forfeit my tuition	waiver. I also u	nderstand that if	for when I exce	ed the annual \$5,		e benefit
Employee Signature: Your E-Signa	Date:							
Immediate Supervisor Name (Print):			Supervisor Signature: Request E-si			gnature Date:		
Supervisor Approval: By signing this approductivity nor cause undue hardship for other		rove this reques	t and certify that	the employee's	participation wi	ll not adversely af	fect departmental servi	ces and
				OR APPRO				
Once eligiblity is approved by the Home Ir approval (if applicable). The Tea					-		-	
Home Institution				Teaching Institution				
Eligibility Approved: YES NO				Passing gra	ide for prev	ious semeste	er: YES	NO
TAP Coordinator Signature & Date:				TAP Coordin	nator Signa	ture & Date:		

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