

University System of Georgia EMPLOYEE APPLICATION FOR TUITION ASSISTANCE PROGRAM (TAP)

(Please Print)

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.

Tuition Assistance waives tuition and applicable student fees for credit courses at a USG institution.

EMPLOYEE INFORMATION

Last Name:	First:	Middle:	Student ID #	Employee ID # (ADP ID# if applicable)
Phone Number	Home Institution:		Job Title:	
E-mail Address:		Teaching Institution:	Academic Term/Year:	
Are you pursuing a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate your degree program (Associate, Bachelor, etc.):			Area of Discipline (e.g., Math, Psychology):

Are you eligible for a Hope Scholarship, Hope Grant, or Pell Grant?

Yes No

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

Note: Employees may not enroll in certain programs or courses, including: dental, law, medical, pharmacy, veterinary, or executive/premiere or comparable graduate school programs, workshops, seminars, continuing education courses, management development programs, special examinations, or private consultant refresher courses to take examinations.

REQUESTED COURSES

Course	Course Title (e.g., Elementary Statistics)	Course Name/Number (e.g., Math 1104)	Credit Hours	Class Days & Times (e.g., T & Th 1:30 – 2:45 p.m.)
1				
2				
3				

Employee 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 "C" 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.

Employee Signature:	Date:
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Immediate Supervisor Approval Supervisor's Name (Print):	Supervisor's Signature:	Date:
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- I approve** this request and certify that the employee's participation will not adversely affect departmental services nor cause undue hardship for other employees. If I am allowing the employee to attend classes during the workday, attached is the alternate work arrangement.
- I cannot approve** or certify the employee's request to attend classes because

TAP COORDINATOR APPROVALS

Home Institution TAP Coordinator Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, reason:
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Home Institution TAP Coordinator Signature:	Date:
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After approval by the Home Institution Tap Coordinator, this application must be forwarded to the Teaching Institution TAP Coordinator within 10 business days following the TAP application deadline).

Teaching Institution TAP Coordinator Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, reason:
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Teaching Institution TAP Coordinator Signature:	Date:
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