

Application for Staff Remission of Tuition
Academic Programs
For The _____ Semester 201 / 201 _____

I. Student Data : (To be filled by the Student):

Name of Student: _____
First Middle Last
Nationality: _____ Date of Birth: ____/____/____.
Major : _____ Class : _____
Undergraduate Graduate Non-Degree Auditor
Student's Signature: _____ Date: _____

II. Staff Data : (To be filled by the sponsoring Staff member):

Name of Staff: _____ SAP Personnel No: _____
First Middle Last
Position: _____ Dept. /Unit: _____ Cost Center: _____
Relationship to Student: (Self Dependents) Mail Box No: _____ Extension No: _____
Staff's Signature: _____ Date: _____

III. Manager's Signature : (To be filled & reviewed by Administrative Director / Department Chair) : *

The Course(s) to be taken by: (Staff Dependent) is (are) :
Related () Not-related () To his/her job ()
After working hrs. () During working hrs. () No. of hrs. / week ()
Authorized Signature: _____ Date: _____

IV. HR. Data : (To be filled by the Human Resources Office):

Matrix Log
Personnel Sub Area : Local / Relocated Type of Contract : _____
Employee Group : _____ Date of Employment: _____
Previous AUC Experience: _____ No. of years of service on full-time basis: _____
Account no. to be charged: _____ - _____ - _____
Fund Cost Center Cost Element
Authorized HR. Signature: _____ Date: _____

V. Financial Data : (To be filled by the Provider):

The amount of _____, representing the cost of the Staff scholarship, is charged to the above account.
Authorized Signature: _____ Date: _____

* The form should be signed by the Administrative Director / Department chair for information.