

SIS Student No: _____

Application for Staff Remission of Tuition
Non - 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: ____/____/____.

SCE Scheduled Prog. Exec. Edu./School of Business Eng. & Science services

Certificate to Study: _____ No. of Courses to Study: _____ Cost LE. _____

Provider Signature: _____

- Study by staff/staff dependents cost should not exceed the equivalent of 7.5% of the full undergraduate tuition fees per semesters, with a maximum of 2 courses per semester.

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 Dependants) 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: _____ 10100000 - _____ - _____
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: _____