



OLD DOMINION UNIVERSITY RESEARCH FOUNDATION

TUITION ASSISTANCE APPLICATION

Employee Information:

Name:		UIN:	Date:
Mailing Address:		City:	State & Zip:
Dept. Phone:	Dept. E-mail:		

Complete guidelines may be obtained in the ODU Research Foundation Handbook. Summary of Terms of Agreement: Payment of tuition only, per-credit-hour, not to exceed the Old Dominion University in-state tuition rate, for 1 course up to 4 credit hours per semester. Employee must be actively employed at beginning and completion of course and submit passing grade. Termination before the completion of the course for which a tuition advance is provided will require repayment of the tuition assistance. Employee's signature authorizes the repayment deduction from the employee's final pay or leave pay-out.

Education Assistance:

I request a tuition advance. (Submit the Tuition Assistance Agreement Form, course description and proof of registration.)	\$ _____ Object Code 1206 _____ TAF Number
I request tuition reimbursement. Attach course description. Course should be pre-approved by ODU Research Foundation prior to start of class and prior to reimbursement request.	\$ _____ Object Code 2262

University/College Attending:	Course Number & Title: Credit Hours:
Semester: Fall Spring Summer Undergraduate Graduate	Job Related Career Related

If job related, please explain how this course will benefit current and/or future performance expectations:

Employee Signature:	Date:
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Approvals: Project #: 100515

Advance Approval	Settlement Approval
Supervisor:	Supervisor:
Human Resources:	Human Resources:

Research Foundation Use Only Settlement:

Total Advanced: \$ _____	Check #: _____ Date _____
Total To Settle: \$ _____	Check Received: \$ _____ Check #: _____
Due ODURF: \$: _____	Grade: _____ Date _____