OLD DOMINION UNIVERSITY

Research Foundation

TUITION ASSISTANCE APPLICATION

TAF #

Employee Information:				
Name:		UIN:	Date:	
Mailing Address:		City:	State & Zip:	
Dept. Phone:	Dept. E-mail:			
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 contingent upon availability of funding. Employee must be actively employed at completion of course and submit passing grade per policy. Resignation or termination before the completion of the semester or course for which educational assistance 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 description and proof of registration.)	the Tuition Assistance	e Agreement Form, course	\$ Object Code 1206	
☐ I request tuition reimbursement. Attach course description approved by ODU Research Foundation prior to start of class reimbursement request.			\$ Object Code 2262	
I Iniversity/College Attending:		Course Number & Title: Credit Hours:		
	Summer Graduate	Job Related Career Related		
If job related, please explain how this course will benefit current and/or future performance expectations:				
Employee Signature:			Dale.	
Approvals: Project #: 900100-515				
Advance Approval Settlement Appro		Settlement Approval		
Supervisor:	S	Supervisor:		
Human Resources:		Human Resources:		
Research Foundation Use Only Settlement:				
Total Advanced: \$		Check #:	Date	
Total To Settle: \$		Check Received: \$	_ Check #:	
Due ODURF: \$: Gr		Grade:Dat	e	