



# EMPLOYEE TUITION DISCOUNT APPLICATION/ELIGIBILITY

EMPLOYEE NAME \_\_\_\_\_ SSN or LID \_\_\_\_\_ SEMESTER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

*Lipscomb University's Employee Tuition Discount does not apply to courses taken in the Vanderbilt Nursing Program or in Lipscomb University's College of Pharmacy. By signing this Employee Tuition Discount Form, I acknowledge that I understand that no tuition discount will be applied toward the account balance for classes taken in the Vanderbilt Nursing Program or in Lipscomb University's College of Pharmacy.*

EMPLOYEES SIGNATURE \_\_\_\_\_

*(Please return this completed form to the Business Office. Applications received after July 15 will be assessed a \$25 dollar late fee.)*

## LIPSCOMB UNIVERSITY

**Complete this section before each semester for certification of a spouse or dependent student enrolled in undergraduate courses if the following conditions apply:**

1. Employee must be full-time employee hired before date of benefit.
2. Student must be spouse or unmarried, dependent child, under age 25.
3. This form must be completed before each semester.

STUDENT NAME \_\_\_\_\_ LID or SSN \_\_\_\_\_ Grade Level \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ LID or SSN \_\_\_\_\_ Grade Level \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ LID or SSN \_\_\_\_\_ Grade Level \_\_\_\_\_

**Complete this section before each semester if YOU qualify for the tuition reduction benefit for undergraduate or graduate level courses. Refer to handbook for eligibility and possible withholding tax consequences.**

EMPLOYEE NAME \_\_\_\_\_ SSN or LID \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ SEMESTER \_\_\_\_\_

# OF GRADUATE HOURS \_\_\_\_\_ # OF UNDERGRADUATE HOURS \_\_\_\_\_

FULL-TIME FACULTY    yes        no        FULL-TIME STAFF        yes        no

You must have both signatures below certifying that you are eligible for the tuition discount. **This section is not required for discounts for dependents.**

Supervisor \_\_\_\_\_ DATE \_\_\_\_\_

Administrator \_\_\_\_\_ DATE \_\_\_\_\_

## DAVID LIPSCOMB CAMPUS SCHOOL

**Complete this section to apply for discount for K-12 students.**

It is not necessary to complete this section each semester, only at the beginning of each academic year. It is the responsibility of the employee to contact the Business Office if there is any change in eligibility.

*\*Please indicate your student's grade level.*

1. Employee must be full-time hired before date of benefit.
2. Student must be dependent naturally born or legally adopted dependent child of employee.

STUDENT NAME \_\_\_\_\_ SSN or LID \_\_\_\_\_ \* \_\_\_ K \_\_\_ Elem 1-4 \_\_\_ Middle \_\_\_ High

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