



Tuition Grant In -Aid Request

(Employee, Dependent, or Spouse)

Name of person requesting Tuition Grant In-Aid _____

PRN of person requesting Tuition Grant In-Aid _____

Please complete the following:

I am an employee of the University of New England: Yes No

- I am full-time half-time

If o please complete below:

I am:

- Preceptor, field instructor, or adjunct faculty member: Yes No
 - o If yes, I have _____ hours of instruction/supervision in the immediate 12-month period. (Please attach appropriate verification by your Dean).
 - o I have taken _____ credits in the last 12 months
- Dependent of: _____ or Spouse of _____

I am requesting Tuition Grant In-Aid for the: Fall Spring Summer

of the _____ Academic Year.*

Indicate Credit: Undergraduate Graduate COM

Indicate Program: _____

Number of Credits: _____

Are you auditing a course? Yes No

- & If you make a change in your course load you must notify the Student Financial Services Office.
- & You will not see the Grant In-Aid reflected in your student bill until after the add/drop period. No finance changes will be a V Vessed.
- & Refer to the Personnel Handbook for more information on Tuition Grant In -Aid.
- & Additional fees beyond tuition such as books, materials, lab fees, etc will not be covered.
- & A form should be completed for each semester of classes.

* A new form must be completed each semester.

Signature

Date

Please note Tuition Grant In-Aid may not apply to some course programs currently not covered: CAGS, PostMaster and PostBaccalaureate Certificate Programs, COM, Dental, Ed.D, MNA, MSOT, Nursing, PA, Pharm D, PT and Professional Science Masters (UNE North) This is not a comprehensive list. Refer to the Personnel Handbook to review the policy for additional information that may exclude programs from this benefit.

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