



Employee Tuition Assistance Application

Please print or type:

Name: _____

Date of F/T Employment: _____

Department: _____

Position: _____

Please check the applicable boxes:

I am (or will be) pursuing an **undergraduate** degree in _____
and will be majoring in _____

I am (or will be) pursuing a **graduate** degree in _____
and will be majoring in _____

I would like to enroll in a **seminar/training** program for _____
Total fee for seminar/training program \$_____

Name of Institution: _____

Date to begin studies: _____

Expected Date of Completion: _____

Indicate on an additional sheet of paper (attach to this form) your reasons for pursuing this course of study, how it will relate to the functions of our business, and how it will help you grow in your current job.

I understand that tuition payments made by School of VISUAL ARTS on my behalf are not contractual and are subject to change. I further understand that I must refund all payments made on my behalf should I fail to receive a passing grade for an approved course or should my employment with SVA end before I have completed an approved course. I acknowledge receiving the Tuition Assistance Plan and comprehend its rules.

Applicant's Signature

Date

Supervisor's Signature

Date

Executive Director of Human Resources

Approved

Not Approved

Chief Financial Officer

Approved

Not Approved

Executive Vice President

Approved

Not Approved