University of Massachusetts Lowell

Tuition Benefit Form for Employees Dependents Taking

Employee Information   Bargaining Unit Union

If none, indicate non unit

Phone   Work or Cell

_____

Student Information (print)

Student Name   Student ID

Student (Employee / spouse / Dependent)   Dependent Date of Birth

Where Attending

Term   Fall   Spring   Summer   Winter   Academic Year

Level of Course (Undergrad / graduate)   Continuing Education

Subject Area i e ACCT or Algebra	# of Credits	If Known	at time

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Left:

Are you taking any classes?
Yes   No

Have you requested release related to your department head?
Yes   No

Please describe the release classes

Right:

Are you taking any graduate courses which threshold of your this calendar year?
Yes   No

Have you to meet with your manager to approve a working condition fringe benefit? see de...
Yes   No

Certain job related education provides... employees...

The education is required by the university... employee to keep his her present salary...

The education maintains or improves...