



Please advise the Office of Financial Aid of any change in your enrollment that is different than what is indicated below.

Employee's Name: _____
(Please Print)

Social Security # or SUID: _____

Employee's Department: _____ Campus Phone: _____

Academic Year: _____

Anticipated Hours per Term: Summer _____ Fall _____ Jan _____ Spring _____
(Please indicate which session in the term(s) i.e.: 1&2 or a&b)

CERTIFICATION OF COURSE LEVEL

TO BE COMPLETED BY ACADEMIC/PROGRAM ADVISOR

Course Level: Master Doctoral* Other

Signature: _____ Date: _____

*Doctoral programs are not eligible for ETB.

CERTIFICATION BY EMPLOYEE'S SUPERVISOR

I am aware of this employee's plans to attend classes: _____
Supervisor's Signature

CERTIFICATION BY EMPLOYEE

As a full-time employee of Samford University, I certify that I am the student named above. I further certify that I have read, understand, and agree to abide by the **ETB Policy (3.06)** as approved by the Trustees of Samford University.

Have you received a graduate degree from Samford University utilizing the Employee Tuition Benefit? Yes No

Employee's Signature: _____ Date: _____

Complete and return this form to HUMAN RESOURCES DEPARTMENT Room 302, Samford Hall.