

Tuition Grant In -Aid Request

(Employee, Dependent, or Spouse)

Name of person requesting Tuition Grant In PRN of person requesting Tuition Grant In-			
Please complete the following:			
I am an employee of the University New En	ngland: Yes	No	
I am full-time half-	-time		
If o please complete below: I am:			
 Preceptor, field instructor, or adjunct o If yes, I havehours ions (Please attachappropriate verif o I have takencredits in Dependent of: 	truction/supervisio fication by your De the last 12 months	ean). s	nth period
I am requesting Tuition GrantHAid for the:	Fall Spring	Summer	
of the Academic Year.*			
Indicate Credit: Undergraduate Indicate Program: Number of Credits: Are you auditing a course? Yes No & If you make a change in your course Office.		COM tifthe Student Financial Se	ervices
 You will not see theGrant In-Aid refleperiod. No finance changes will be a Refer to the Personnel Handbook for Additional fees beyond tuition such as A form should be completed for each 	V Vessed. r more information s books, materials	on TuitionGrant In-Aid. , lab fees, etc will not be œ	
* A new form must be completed each sem	iester.		
Signature	Date		
Discourse Tuiting Operating Aid			

<u>Please note</u> Tuition Grant In-Aid may not apply to some course@rogramscurrently not covered: CAGS,PostMaster and PostBaccalaureate Certificate ProgramscOM, Dental, Ed.D,MNA, MSOT, Nursing, PA, Pharm D, PTand Professional Science Masters (UNE North) his is not a comprehensive listRefer to the Personnel Handbook to review the policy additional information that may exclude programs from this benefit.

FORWARD COMPLETED FORM TO HUMAN RESOURCES