Tuition Benefit Application Form
Oklahoma Baptist University

Student Name _____ **Employee Name** _____
ID Number _____ **ID Number** _____

Type of Coursework ☐ Undergraduate Coursework ☐ Undergraduate Online ☐ Graduate Coursework ☐ Graduate Online

Semester: ☐ Fall ☐ January ☐ Spring ☐ Summer

To Be Applied To ☐ Employee ☐ Spouse ☐ Child

Year: _____

Student Tax Status

***Applicable employment taxes may apply on the benefit received for children or spouse. The Controller or VP of Finance may contact you regarding taxes due.

IF student is a child, child is ☐ Employee's tax dependent ☐ Not Employee's tax dependent

FAFSA Status

IF the Benefit is for a Child of an Employee, please answer the following:

Please note that the Student must meet the definition of a dependent by FAFSA definition. If the answer to any of the following questions is Yes, your student may not be eligible to receive the education benefit.

Student Date of Birth: _____

As of today, is the Student Married: ☐ YES ☐ NO

Is the Student Active Duty in the U.S. Armed Forces: ☐ YES ☐ NO

Is the student a veteran of the U.S. Armed Forces: ☐ YES ☐ NO

Does the student have children for whom they provide more than half their support: ☐ YES ☐ NO

At any time since the student turned age 13, was he/she in foster care or considered a dependent or ward of the court: ☐ YES ☐ NO

Certification

I certify that I have received and read the section of the "Policy Regarding Education Benefits for OBU Employees" which is applicable to benefits for employees, children of employees and spouses of employees and that I understand the benefit offered to me and the requirements that I must satisfy in order to receive the benefit. Part of the requirements by the student is to pay all fees and for required textbooks.

Employees taking courses under the Tuition Benefit need to submit written requests to their supervisors that include an explanation of courses being taken and any revised schedules for verification that the courses will not disrupt their work or availability to the campus. This written request with supervisor approval must accompany the employee Tuition Benefit Application for processing by the Human Resources Department.

Employee Signature _____ **Supervisor Signature** _____

Date _____ **Date** _____

Supervisor signature **only required if Employee is taking classes**

Guidelines

- Employee OR Supervisor email to HR@okbu.edu OR deliver to HR Thurmond Hall Room 104
- **DO NOT SUBMIT THIS FORM PRIOR TO APRIL FOR SUMMER OR FALL SEMESTERS.**
- **DO NOT SUBMIT THIS FORM PRIOR TO NOVEMBER FOR J-TERM AND SPRING SEMESTERS.**
- Tiers of the Education Benefit

Fulltime employees hired before 2021	95% Tuition Benefit

Undergraduate Rates for Fulltime employees hired after 01/01/2021	
Year 1 of Employment	Waiting period
Year 2 of Employment	50% Tuition Benefit
Year 3 of Employment	70% Tuition Benefit
Year 4 of Employment	95% Tuition Benefit

Graduate Traditional and Online Rates for Fulltime employees hired after 01/01/2021	
Graduate Traditional	50% Tuition Benefit
Graduate Online	50% Tuition Benefit

For HR Use Only

Status of Application:	**Status of Employee:**	**Employee:**
☐ Employee ☐ Spouse of Employee ☐ Child of Employee	☐ Faculty ☐ Support ☐Administrative	☐ Full-Time ☐ Part-Time Start Date:_____

HR Representative: _____ **Date:** _____
Approved by SFS: _____ **Date:** _____
Denied by SFS: **Date:**

Edited 05/30/2023 SLT