

Tuition Benefits Request

Undergraduate Classes/Programs			
	Berg ID:(1248 hours + one calendar year of service required for eligibility)		
Student's Name: Student's Berg ID (Studen	nt ID# if assigned		
Relation to Employee:	□Self	□Spouse	□Dependent Child
Semester:	□Fall 20	□Spring 20	□Summer 20
Offering College: □ Day □ GCE (Undergraduate)	Type of Course: Number of Courses Requested: Earned Units Audit Employee & spouse requests: two class maximum per student, per semester. Dependent child requests: • Fall or spring semester: list all courses below; • Summer term: limit two per summer term, and no more than four summer courses in total.		
Is this request part of an	undergraduate (degree program?	□Yes □No
Course (1): Number: _	Title:		
Course (2): Number: _	Title:		
Course (3): Number: _	Title:		
Course (4): Number: _	Title:		
Course (5): Number: _	Title:		
costs are the responsibility of	the student. I unde	erstand that if I termina	efit covers tuition only and all othe te employment prior to conclusion pro-rated share of tuition for that
Employee:	Signatu	Iro	Date
Approved for Undergradu			
Human Resources			