STEVENS INSTITUTE OF TECHNOLOGY
EDUCATIONAL ASSISTANCE PROGRAM
APPLICATION FOR TUITION AID

NAME _____ DEPARTMENT: _____
STREET ADDRESS _____ DATE OF
CITY _____ EMPLOYMENT: _____
SCHOOL _____ SCHOOL YEAR: _____
LOCATION _____
COST PER CREDIT _____ SEMESTER: _____

COURSE NAME	COURSE CODE	CREDITS	TUITION COST	H.R. DEPT. USE		
				GRADE	PAYMENT	DATE
TOTAL						

IN SUBMITTING THIS APPLICATION FOR TUITION AID. I UNDERSTAND THAT IF APPROVED. THE ASSISTANCE AMOUNT WILL BE ONE HALF THE TOTAL TUITION COST SHOWN ABOVE. IF A GRADE OF C OR BETTER IS NOT ATTAINED OR IF THE COURSE IS NOT COMPLETED FOR ANY REASON. THE COST OF SUCH COURSES ARE NOT ELIGIBLE FOR TUITION AID. LIKEWISE NO PAYMENT WILL BE MADE FOR A REPEATED COURSE. IF I AM CONTINUOUSLY EMPLOYED BY STEVENS AND I PURSUE THIS COURSE OF STUDY TO DEGREE THE INSTITUTE WILL UPO SUBMISSION OF PROOF OF THE DEGREE MATCH THE ABOVE AMOUNTS.

_____ STAFF MEMBER SIGNATURE _____ DATE

APPROVED _____ **DISAPPROVED** _____

DEPT. HEAD _____ DATE _____ DEPT. HEAD _____ DATE _____

HUMAN RESOURCES _____ DATE _____ HUMAN RESOURCES _____ DATE _____

COMMENTS. REASON FOR DISAPPROVAL. ETC.:

_____
_____
_____
_____