

## **One-Time-Forgiveness Benefit Application**

Faculty and Staff Tuition Assistance Plan

## SECTION 1: FACULTY AND STAFF TUITION ASSISTANCE PLAN

The Faculty and Staff Tuition Assistance Plan allows an active employee to apply for a one-time forgiveness of instructional and general fees for the specified semester. All additional fees are the responsibility of the employee.

Complete all of the fields below and submit this application to the Office of Human Resources for consideration. You will be notified if your One-Time Forgiveness application is approved by the Office of Human Resources, allow 7-10 business days for processing.

| SECTION 2: EMPLOYEE INFORMATION  |                        |                 |  |
|--|------------------------|-----------------|--|
|  |                        |                 |  |
| Employee's Full Name: First  | M.I.                   | Last            | OSU Employee ID#   |
| Email Address  |                        |                 | Daytime Phone Number   |
| SECTION 3: CERTIFICATION   |                        |                 |  |
| below. I understand that in order to apply for the as of the first day of the specified semester. The university employment. | e One-Time<br>One-Time | e Forgiveness,  | E Faculty and Staff Tuition Assistance Plan for one semester as indicated I must have been eligible for the Faculty and Staff Tuition Assistance Plan annot be used to forgive the tuition and fees incurred due to end of |
| Summer(Year)   | ,pillig                | ()              | really   |
| I certify that I have read the Faculty and Staff Tu<br>will be solely my responsibility.                                     | ition Assis            | stance Plan and | understand that this is a one-time-only benefit and that any future fees   |
| Employee Signature   |                        | <del></del>     | Date   |