FORT HAYS STATE UNIVERSITY
Forward thinking. World ready.

TUITION ASSISTANCE PROGRAM
SPOUSE APPLICATION

EMPLOYEE INFORMATION

Last Name (PLEASE PRINT) First Name Middle Initial Employee ID

STUDENT INFORMATION

Last Name (PLEASE PRINT) First Name Middle Initial FHSU Student ID (8 digit)

Fall _____ or Spring _____ Telephone Number (Day)
Year Year
(SEPARATE APPLICATION REQUIRED FOR EACH SEMESTER)

PROGRAM GUIDELINES

Spouse - any lawful spouse of an eligible employee of Fort Hays State University.

- Spouse must be admitted to the university.
- A maximum of 12 undergraduate credit hours or 9 graduate credit hours of tuition charges per semester is covered. The student will pay all other fees.
- Only fall and spring on-campus courses are included.
- A 2.0 minimum FHSU undergraduate GPA and a 3.0 graduate GPA must be maintained.
- Workshop, community education, intersession, or non-credit classes are not included.
- A spouse is not eligible until the employee has completed at least 12 continuous months of full-time employment by the first official day of classes for the applicable term, or completion of an academic year contract by the first official day of classes for the applicable term in the case of faculty.

Additional program information can be located at http://www.fhsu.edu/personnel/tuition-assistance/.

APPLICATION DEADLINES	
Fall Semester	First Friday in August at 4:30 pm
Spring Semester	First Friday in December at 4:30 pm

Return completed form to:
FHSU Human Resources Office ~ Sheridan Hall Room 110 ~ 600 Park Street ~ Hays, KS 67601 ~ Office: (785) 628-4462 ~ Fax: (785) 628-4006

AFFIRMATION

I affirm that the facts set forth above in my application for tuition assistance are true, correct and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this form; that Fort Hays State University may verify any information provided by me in this process. I understand that falsifying information on this application may result in loss of the benefit and possible termination of employment.

Employee Signature Date Telephone Number (Day)
DIGITAL SIGNATURE NOT ACCEPTED

VERIFICATION OF EMPLOYMENT

HR OFFICE USE ONLY

This is to certify that the employee named above is employed full-time in a 1.0 FTE budgeted position and meets the length of service requirements to qualify for tuition assistance. This is in accordance with policies and provisions approved by the Kansas Board of Regents.

HR Director Date Length of Service (Year(s))

Fort Hays State University reserves the right to modify, adjust or eliminate this program as determined by the President. Fort Hays State University will complete a yearly analysis of this program and provide the same to the Kansas Board of Regents.

Revision 04/2013