



Employee Educational Assistance Benefit Form
Tuition Reduction Program

Application for:

New Mexico Highlands University

Luna Community College*

New Mexico State University *

*contact the Human Resources Department for Reciprocal Agreement information

Fall Spring Summer Year: 20

Employee Name: Banner ID:

Department: Extension:

Employment Status: Faculty Staff Retiree

Complete this section for all courses:

Are these credits towards a degree seeking program? Yes No

Table with 7 columns: Code, Dept, Course #, Course Title, Credit Hours, Class Days, Class Time

Employee Certification: I acknowledge that I have reviewed NMHU's Policies and Procedures Manual Policy 825, Employee Educational Assistance Tuition Reduction Program and certify this form is within the maximum allowable benefit per semester as provided in the policy. I understand that I am responsible to repay all costs that exceed the maximum allowable benefit. I acknowledge the University will bill me for any excess tuition costs that have been paid. I certify the information I provided above is complete and accurate.

Employee Signature: Date:

Supervisor Signature: Date:

Office Use Only

Approval: Total Credit Hours: Date: FOAP:

Taxable: Non-Taxable Payroll Run:

Additional Information: