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 ASSISTANCE WILL BE 100% FOR TWO COURSES SIX CREDITS UP TO $6,000 PER SEMESTER. 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.

_____ _____

STAFF MEMBER SIGNATURE DATE

APPROVED **DISAPPROVED**

_____ _____

DEPT. HEAD DATE DEPT. HEAD DATE

_____ _____

HUMAN RESOURCES DATE HUMAN RESOURCES DATE

COMMENTS. REASON FOR DISAPPROVAL. ETC.:

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