



## **Tuition Reduction Program**

### Purpose:

To provide a tuition reduction program consistent with the needs of Aultman.

### Eligibility:

1. Employee must be accepted into Aultman College and meet all admission requirements.
2. Employee must be employed at an Aultman facility through the add/drop period (this includes all employees for all types of academic programs – ie. General Education, Nursing or Radiography) of which the employee is seeking tuition reduction.
3. Employee must return the signed Tuition Reduction Program form including verification of employment to Aultman College no later than the end of the add/drop period. The completed form must be signed by employee's direct manager.

### Approval of Funds:

#### **Process**

1. To receive the Aultman College Aultman employee tuition reduction, Aultman students/employees must complete and submit the Tuition Reduction Program form along with their current class schedule to the Financial Aid Department no later than the end of the add/drop period each semester.
2. Manager of employee's respective division must verify and sign the Tuition Reduction Program form each semester.
3. The Financial Aid Administrator will review the form and process the form, as appropriate.

#### **Program Guidelines**

Tuition will be reduced 25% (not including semester fees) at the end of the 25% refund period (after Week 6 of the semester).



**AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES  
TUITION REDUCTION VERIFICATION  
FOR AULTMAN EMPLOYEES**

**To be completed by the student/employee:**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

Major (Circle)      Nursing      Radiography      Non-Degree Seeking

Semester (Circle)      Summer      Fall      Spring

Projected Graduation Date: \_\_\_\_\_

\_\_\_\_\_ I have attached my registration schedule and am requesting the submitted courses be eligible for approval in the Tuition Reduction Program (please initial).

**To be completed by the Aultman Management Team Member**

Employee's Name \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

By signing below, I am confirming that I am employed by an Aultman facility through the add/drop period of the semester of which I am seeking tuition reduction.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date