



## AULTMAN COLLEGE TUITION REDUCTION PROGRAM

### Purpose:

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

### Eligibility:

1. Employee must be accepted into Aultman College and meet all admission requirements.
2. Employee must be employed at an Aultman College approved facility through the end of the drop/add period (this includes all employees for all types of academic programs – (i.e., Health Sciences, Nursing, Radiography, Non-Degree Seeking) 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 each semester for which the employee is seeking tuition reduction. The completed form must be signed by the employee's direct manager **each semester**.
4. Employees receiving scholarships in which 100% of tuition and fees are paid in full are ineligible for the Tuition Reduction Program.
5. Federal Work Study Students: By signing the tuition reduction form, you are agreeing to participate in the Federal Work Study program for the whole semester. Failure to do so will result in the reversal of the tuition reduction on your account. You will be responsible for any leftover balance.

### Approval of Funds:

#### **Process**

1. To receive the Aultman College Aultman employee tuition reduction, Aultman College student employees must complete and submit the Tuition Reduction Program form along with their current class schedule to the college office 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, process the form, and apply the discount, as appropriate, after the end of the college refund period each semester (see academic calendar for dates each semester).
4. Tuition Reduction amounts are approved by the president of Aultman College and are subject to change.

#### **Program Guidelines**

Tuition will be reduced at the end of the 25% refund period (after Week 7 of the semester). Aultman College fees are not eligible for the reduction.



**AULTMAN COLLEGE  
TUITION REDUCTION PROGRAM**

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

Student's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

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

**What program are you enrolled in?**

|                    |  |
|--------------------|--|
| ASN (Nursing)      |  |
| BSN (Nursing)      |  |
| BSN-C (Completion) |  |

|                        |  |
|------------------------|--|
| AASR (Radiography)     |  |
| ASHS (Health Sciences) |  |
| BSHS (Health Sciences) |  |

|                    |  |
|--------------------|--|
| BSW (Social Work)  |  |
| Non Degree Seeking |  |
|                    |  |

**Who is your employer?**

|           |  |
|-----------|--|
| Aultman   |  |
| Alliance  |  |
| Altercare |  |

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

\_\_\_\_\_ I understand I must submit the signed Tuition Reduction Program form to Aultman College **no later than the end of the Add/Drop period each semester** for which I am seeking tuition reduction (please initial).

\_\_\_\_\_  
**Signature of Student/Employee**

\_\_\_\_\_  
**Date**

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

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

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

By signing below, I am confirming that the employee is employed by an Aultman College approved facility through the end of the add/drop period of the semester of which they are seeking tuition reduction.

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

\_\_\_\_\_  
**Date**