

**University System of Georgia  
Employee Application for Tuition Assistance Program (TAP)**

Complete this application with all required approval signatures and submit by the required deadline to the TAP Coordinator at the Home Institution. This application is subject to final approval by the TAP Coordinator of the Teaching Institution.  
**Tuition Assistance waives tuition and applicable student fees for credit courses at a USG institution.**

**SECTION BELOW TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)**

LAST NAME	FIRST NAME	STUDENT ID / SSN	PHONE
HOME INSTITUTION	JOB TITLE	EMAIL ADDRESS	
TEACHING INSTITUTION		ACADEMIC TERM / YEAR	

**SECTION BELOW TO BE COMPLETED BY EMPLOYEE**

**Enrollment Status:** Are you pursuing a degree? Yes [  ] No [  ]  
If yes, please indicate your degree program (e.g., associate, bachelor, etc.) **and** area of discipline (e.g., math, psychology, etc.)

**Additional Tuition Assistance:** Are you eligible for a Hope Scholarship, Hope Grant, or Pell Grant? Yes [  ] No [  ]

**List Requested Course(s):** The number of semester credit hours (maximum of eight) must be consistent with one's institutional work commitment.

Course	Course Title (e.g., Elementary Statistics)	Course Name / # (e.g., Math 1104)	Credit Hours	Class Days & Times (e.g., T & Th 1:30 – 2:45 pm)
1				
2				
3				

**Employee Certification:** My signature below certifies that the information provided is accurate and truthful. I understand that I must register for courses only during the employee registration period of the Teaching Institution I wish to attend. I also understand that I must receive a grade of "C" or better and provide a copy of my grade report to the TAP Coordinator of the Home Institution upon completion of the course(s). Finally, I certify that I have read and agree to abide by the policies and procedures of the TAP Program.

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**IMMEDIATE SUPERVISOR'S APPROVAL**

- [  ] **I approve** this request and certify that the employee's participation will not adversely affect departmental services nor cause undo hardship for other employees. If I am allowing the employee to attend classes during the workday, attached is the alternate work arrangement.
- [  ] **I cannot approve** or certify the employee's request to attend classes because \_\_\_\_\_

**SUPERVISOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TAP COORDINATOR APPROVALS**

**HOME INSTITUTION TAP COORDINATOR APPROVAL:** Yes [  ] No [  ] If no, reason \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*(After approval by the Home Institution Tap Coordinator, this application must be forwarded to the Teaching Institution TAP Coordinator within 10 business days following the TAP application deadline).*

**TEACHING INSTITUTION TAP COORDINATOR APPROVAL:** Yes [  ] No [  ] If no, reason \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_