



201 S. Grant Avenue Columbus, Ohio 43215 Fax: 614-255-9648/bizoffc@franklin.edu

**COMMUNITY COLLEGE ALLIANCE FACULTY & STAFF  
TUITION REDUCTION APPLICATION**

**TO BE COMPLETED BY STUDENT/ COMMUNITY COLLEGE EMPLOYEE  
FOR EACH ACADEMIC TERM OF ENROLLMENT  
(Please Print)**

EMPLOYEE NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_  
Last First

TITLE \_\_\_\_\_

COMMUNITY COLLEGE \_\_\_\_\_

TERM \_\_\_\_\_ YEAR \_\_\_\_\_ TYPE OF COURSE:  Undergraduate  
 Graduate

EMPLOYMENT CLASSIFICATION

FULL-TIME  PART-TIME (work-study, temporary employee, or vendor of community college not applicable)

**\*\* IMPORTANT:** If the you are planning to apply for Financial Aid, you must complete a Declaration of Outside Tuition Assistance Form \*\*  
Go to [www.franklin.edu/financialaid](http://www.franklin.edu/financialaid) to download the form.

***Recipients of tuition benefits are not eligible to apply for or to receive any additional tuition reduction administered by Franklin University  
The CCA Faculty & Staff Tuition Reduction Program will only apply to community colleges with an existing articulation agreement with Franklin University.  
If the articulation agreement is terminated, the tuition reduction program will remain active for one term following the termination date.***

**TO BE COMPLETED BY THE COMMUNITY COLLEGE HUMAN RESOURCES DEPARTMENT TO VERIFY EMPLOYMENT:**

THE APPLICANT IS AN EMPLOYEE OF THE STATED COMMUNITY COLLEGE:  YES  NO

TYPE OF EMPLOYMENT STATUS:  FULL-TIME  PART-TIME (work-study, temporary employee, or vendor of community college not applicable)

SIGNATURE OF HUMAN RESOURCES REPRESENTATIVE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**ACADEMIC INTEGRITY**

The purpose of education is to advance one's own intellectual skills and knowledge and to demonstrate the outcomes of these efforts. An essential and shared value in higher education is presenting one's own work and properly acknowledging that of others. Any violation of this principle constitutes academic dishonesty and will result in disciplinary action, as well as the forfeiture of all tuition benefits.

By signing the following form, the student is providing the most recent information to the best of their knowledge and any falsification of document will result in disciplinary sanctions including, but not limited to, probation, suspension, dismissal or restitution.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATION MUST BE SUBMITTED TO FRANKLIN UNIVERSITY BUSINESS OFFICE DURING THE FIRST 3 WEEKS OF EACH TERM**

***TO BE COMPLETED BY FRANKLIN UNIVERSITY BUSINESS OFFICE***

COST OF UNDERGRADUATE TUITION \_\_\_\_\_ X 15% = WAIVER AMOUNT \_\_\_\_\_

COST OF GRADUATE TUITION \_\_\_\_\_ X 10% = WAIVER AMOUNT \_\_\_\_\_

PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_