



201 S. Grant Avenue • Columbus, Ohio 43215
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**EDUCATION ALLIANCE CAREER AND TECHNICAL SCHOOL FACULTY & STAFF
TUITION REDUCTION APPLICATION**

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

EMPLOYEE NAME _____ STUDENT ID # _____
Last First

TITLE _____

SCHOOL _____

TERM _____ YEAR _____ TYPE OF COURSE: Undergraduate
 Graduate

EMPLOYMENT CLASSIFICATION

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

**** IMPORTANT:** If the you are planning to apply for Financial Aid, you must complete a Declaration of Outside Tuition Assistance Form **

Recipients of tuition benefits are not eligible to apply for or to receive any additional tuition reduction administered by Franklin University. The CT Faculty & Staff Tuition Reduction Program will only apply to institutions 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 SCHOOL'S DIRECTOR TO VERIFY EMPLOYMENT:

THE APPLICANT IS AN EMPLOYEE OF THE STATED SCHOOL: YES NO

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

SIGNATURE OF DIRECTOR : _____

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 - DURING THE FIRST 3 WEEKS OF EACH TERM
FAX TO 614.947.6018**

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 _____