



201 S. Grant Avenue • Columbus, Ohio 43215  
Fax: 614-947-6018

**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 \_\_\_\_\_