



EMPLOYEE TUITION GRANT PROGRAM

Criteria for Eligibility:

1. The employee must be regularly scheduled a minimum of forty (40) hours per week or an adjunct with a minimum of one (1) year of employment to qualify for this grant.
2. A maximum of six (6) credit hours per semester is provided for full-time employees. Employees will be charged the in-district tuition rate for credit hours taken above the maximum per semester.
3. A currently employed part-time instructor will be awarded tuition credit for Mid courses to be used by the instructor equal to the greatest number of credit hours taught in a single enrollment period during the academic year. All tuition credit must be used within one calendar year of when it is earned.
4. Tuition grants for employees will include all fees except for the Student Activity Fee.
5. A 2.0 grade point average (GPA) must be maintained within each course. Employees who fail to earn a 2.0 GPA or complete the class will be required to reimburse the College for all costs of his/her enrollment.
6. Should the student drop any course(s) beyond the full refund date, for any reason, he/she will be responsible for repayment to the college for the incurred tuition and fees to the college.
7. Human Resources will review the employee’s grades at the end of each semester to determine if any repayment to the College is due.

To be completed by the Employee:

Employee Name: _____

MID ID# : _____ Hire Date: _____

Position Title: _____ Department: _____

Employee Email Address: _____

Scheduled Work Hours or Contact Hours Assigned for this semester: _____

Semester Start Date: _____ Total Credit Hours Requested: _____

Class: _____ Section: _____ # of Credit Hours: _____

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Class: _____ Section: _____ # of Credit Hours: _____

I understand and agree to abide by all requirements for participation in the Employee Tuition Grant Program:

Employee Signature: _____ **Date:** _____



BELOW AREA TO BE COMPLETED ONLY IF SPECIAL ARRANGEMENTS NEED TO BE MADE TO TAKE CLASSES DURING REGULAR WORKING HOURS.

I, _____, am requesting authorization to take the class(es) listed on this form. If any or all of these classes are held during any regular working hours, I have made arrangements to make-up that time with my immediate supervisor and will provide a detailed written plan along with this form to HR.

Employee Signature for Special Arrangements: _____

Date: _____

Supervisor Signature for Special Arrangements: _____

Date: _____

HUMAN RESOURCES OFFICE USE ONLY

Verification of course completion:

Did the student withdraw from the course?	YES	NO		
Was the withdraw date from the course after the 100% refund date?			YES	NO
Did the student receive a 2.0 GPA or less in any course?	YES	NO		

For Adjunct Faculty Verification:

How long as the adjunct been employed at MID? _____ (minimum of 1 year)

How many credit hours are taught within each semester during the academic year for which the student is requesting tuition grant? Fall_____ Winter_____ Spring/Summer_____

HR Comments:

HR Approval Signature: _____ Date: _____