



**RETIREE TUITION GRANT PROGRAM**

**Criteria for Eligibility:**

1. Employees who retire with a minimum of twenty (20) years of full-time employment with the College shall be eligible for continued tuition benefits for up to twelve (12) credits per semester for a maximum of 62 credits or the number of credits required to fulfill on Associates Degree of a declared major.
2. IRS-eligible dependents of retired full-time persons shall be eligible for tuition benefits for courses for up to twelve (12) credits per semester for a maximum of sixty-two (62) credits.
3. Tuition grants for retirees and their IRS-eligible dependents will include the cost of tuition only. It does not include fees or other related costs.
4. A 2.0 grade point average (GPA) must be maintained within each course. Retirees or Dependents who fail to earn a 2.0 GPA or complete the class will be required to reimburse the College for all costs of their enrollment.
5. Should the student drop any course(s) beyond the full refund date, for any reason, they will be responsible for repayment to the college for the incurred tuition and fees to the college.
6. Human Resources will review the student's grades at the end of each semester to determine if any repayment to the College is due.
7. I understand and agree to abide by all requirements for participation in the Retiree Tuition Grant Program.

**Retiree Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by the Retiree:**

Retiree Name: \_\_\_\_\_ MID ID#: \_\_\_\_\_

Retiree Email Address: \_\_\_\_\_

Semester Start Date: \_\_\_\_\_ Total Credit Hours Requested: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

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Class: \_\_\_\_\_ Section: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

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

**Retiree Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**To be completed by the Retiree's Dependent:**

Dependent Name: \_\_\_\_\_ MID ID#: \_\_\_\_\_

Dependent Mid Email Address: \_\_\_\_\_

Semester Start Date: \_\_\_\_\_ Total Credit Hours Requested: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

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

***Retiree's Dependent Signature:*** \_\_\_\_\_ ***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

**HR Comments:**

***HR Approval Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_