

# NURSING TUITION PROGRAM

In association with Goldfarb School of Nursing

- REQUIREMENTS:**
1. Full-time benefits eligible employee with one year of continuous full-time service
  2. Currently holds an RN licensure and functions in a clinical/research setting
  3. Complete courses with a passing grade
  4. Remain employed by WUSTL for one year for each term covered by this benefit

- INSTRUCTIONS:**
1. Complete application – incomplete applications will be returned unprocessed
  2. Submit to WUSM Human Resources office at CB 8002 by December 31, 2016
  3. Apply for admission to the Goldfarb School of Nursing by December 31, 2016 at [www.barnesjewishcollege.edu/Admissions/Apply Now](http://www.barnesjewishcollege.edu/Admissions/Apply Now)

## EMPLOYEE INFORMATION

NAME \_\_\_\_\_ EMPLOYEE ID \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
DEPARTMENT NAME \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_ CAMPUS BOX \_\_\_\_\_  
CURRENT RN LICENSURE?  YES  NO JOB TITLE \_\_\_\_\_

## PROGRAM

FOR WHICH PROGRAM ARE YOU APPLYING?

- Undergraduate - RN to BSN  
 Graduate - MSN/ANP (Refer to Goldfarb's program outline regarding clinical hours)

Graduate level tuition is tax-free up to \$5,250 per calendar year. Tuition assistance in excess of that amount will be subject to federal and state income tax.

## PLEASE READ CAREFULLY

I understand that the Goldfarb College of Nursing will make the final selection for admittance. **I acknowledge that should I be selected for the program I must complete the courses with a passing grade and satisfy the service requirement or I must reimburse Washington University for the full amount of tuition assistance provided to me. I also acknowledge that if I withdraw from the program before completion I must reimburse Washington University for the full amount of tuition.**

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE DATE

I acknowledge that this employee is applying for admittance to a Goldfarb nursing program. I understand that for the Graduate level program there are clinical hours that the employee has to fulfill.

\_\_\_\_\_  
DEPARTMENT MANAGER / SUPERVISOR DATE

## WUSM HR OFFICE USE ONLY

### WUSTL HR

Employee eligibility verified \_\_\_\_\_ by \_\_\_\_\_  
DATE NAME

GOLDFARB ENROLLMENT  YES  NO

Request Approved by \_\_\_\_\_ Date \_\_\_\_\_