



POSTDOCTORAL APPOINTEES Tuition Assistance Request

Benefits-eligible postdoctoral appointees appointed under the Postdoctoral Education Policy are eligible to take undergraduate courses at University College (maximum 4 credits per semester) for career development purposes only.

Instructions to Postdoctoral Appointee: Go online and register for your selected class(es) at <http://ucollege.wustl.edu>. When checking out and using WU Tuition remission as method of payment, please make sure you select the postdoctoral appointee benefit. A message will appear that you must complete additional paperwork. Complete **all** fields in Sections 1 & 2 below. You and your supervisor must sign in section 3. Make a copy for yourself, and submit the **original** form to the appropriate office below:

School of Medicine: Mary Ann Lockett Campus Box 8002, lockettm@wustl.edu	School of Arts & Sciences: Jonathan Cohen, Campus Box 1094, jonathan.cohen@wustl.edu
School of Engineering: Jill Totten, Campus Box 1138, jill.totten@wustl.edu	School of Social Work: Siomari Collazo Colon, Campus Box 1196, scollazo@wustl.edu
Skandalaris Center: Kristie Michelle Wickwire, Campus Box 1199, k.wickwire@wustl.edu	

FORMS MUST BE RECEIVED AND APPROVED BY YOUR SCHOOL BEFORE THE FIRST DAY OF CLASS.

Once your form is approved, you will receive an email from University College confirming your registration in the class. Please contact your school if you have not received a confirmation prior to the first day of class.

Instructions to School Approvers: Verify postdoc eligibility & information in section 1-3 and sign section 4. Circle appropriate trans code in section 5, fax a copy to Arika Cannon (University College) at 935-6744 and route the original to Accts Receivable at Campus Box 1147.

Instructions to A/R Department: Complete Section 5 and process student account adjustments.

Section 1: Postdoctoral Appointee Information

Postdoc Name		WU Telephone Number	
Employee ID Number <small>(6 digit number in left column of pay)</small>			
Department Name		Department Number	
WU E-mail Address		Campus Box Number	
Name of Supervisor		Supervisor Office Telephone	

Section 2: Course Information

1. Please complete a new form for **each semester**. Benefits may be provided up to 4 credit hours per semester.
2. On a separate sheet of paper, provide an explanation of how each of the class(es) below will contribute to your career development and submit with this form (not necessary for English Language Programs classes).

Semester and Year:			
	Course #1	Course #2	Total (max 4 credits)
Name of course			-----
Course and section number			-----
Number of credit units			
Cost per credit unit			-----
Total cost this semester			

Section 3: Postdoctoral Appointee and Supervisor Signature

NEW! PLEASE READ CAREFULLY! I verify that I have read the Postdoctoral Appointee Tuition Policy dated **7/1/06** and agree to its terms. If I am found to be ineligible for this benefit, I agree to remit payment for the full amount due. Should I fail to remit payment in a timely manner, I authorize payroll deduction for the amount due. I understand that I must attain a passing grade in order to retain the tuition benefit I receive for classes. I understand that I will be responsible for all associated fees. Should I decide to drop the course(s) I am enrolling in after the first week of class, I am responsible for the appropriate financial penalty based on the time period. Should I fail to remit payment for dropped classes in a timely manner, I authorize a deduction(s) from my paycheck for the amount due.

Signature of Postdoctoral Appointee _____
Date

I verify that I supervise this postdoctoral appointee and s/he has my permission to take the course(s) listed above.

Signature of Supervisor _____
Date

Questions regarding Tuition Assistance benefits, and/or to obtain current Tuition Assistance request forms, please visit the Danforth HR website at <http://hr.wustl.edu> or the School of Medicine HR website at <http://hr.med.wustl.edu>.

Section 4: School Approval

I verify that this postdoctoral appointee is eligible for this benefit and that this class is for career development.

Signature of School Approver _____
Date

Section 5: Accounts Receivable Summary

Total	Account to Credit in SIS			
Amount provided by Postdoc Tuition Plan (100% of total amount per C of Section 2)	PD	TA	Post-Doc	Employee
	PD	NE	Post-Doc	Non-Employee
ACAD YR	TRANS	CODE	LC	DEPT BUOB
Date student account credit posted in SIS	14	0000	7610	