Reset Form

LUTHER COLLEGE

Student Name _____

Student Luther ID _____

20 26 -20 27 PART-TIME TUITION CREDIT APPLICATION

Complete this form and send to the **Office of Human Resources**:

I will enroll for the following credits (indicate # of credits):

Fall 20 26 _____

J-Term 20 27 _____

Spring 20 27 _____

Summer 20 27 _____

I qualify for a tuition credit for the following reason(s):

_____ Luther Staff ____employee ____spouse ____dependent (DOB _____)

_____ Luther Faculty ____employee ____spouse ____dependent (DOB _____)

_____ For dependent students, is the student married?

_____ If high school student, have you applied for PSEO? (Post-Secondary Enrollment Options Act)

_____ I want to audit this course

Employee Signature _____

Employee's Name _____

Supervisor's Signature_____

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To be completed by Human Resources:

_____ Faculty (teaching at least four 4-credit courses) Eligibility Date _____

_____ Staff (at least 75%)

Human Resources Signature_____Date_____