



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:

1. Register online for your selected class(es) at <http://ucollege.wustl.edu>.
2. Select the postdoctoral appointee benefit as your method of payment when you "checkout" online
3. Complete **all** fields in Sections 1 & 2 of this form
4. You and your supervisor must sign in section 3
5. Email the completed form by the first day of classes to: Office of Postdoctoral Affairs (OPA) at petermyers@wustl.edu

Once approved by the OPA, the form will be sent to the registrar at mhunter@wustl.edu and student billing at student.billing@wustl.edu. Upon approval by the registrar, you will receive an email from University College confirming your registration in the class. Please contact Peter Myers if you have not received a confirmation prior to the first day of class.

Section 1: Postdoctoral Information			
NAME		SUPERVISOR NAME	
EMPLOYEE ID NUMBER		SUPERVISOR EMAIL	
EMAIL ADDRESS		EMPLOYEE PHONE	

Section 2: Course Information			
Semester: (circle one)	Spring	Summer	Fall
	Year:		
	Course #1	Course #2	Total
Course Name			-----
Course and Section Number			-----
Number of Credits for course			
Cost per Credit Hour			-----
Total Cost			

Section 3: Postdoctoral Appointee and Supervisor Signature

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 100% refund period for the class, I am responsible for the appropriate financial penalty based on University College's withdrawal deadline. Should I fail to remit payment for dropped classes in a timely manner, I authorize a deduction from my paycheck for the amount due.

Signature of Postdoctoral Appointee _____ **Date** _____

For Supervisor: 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 HR website at <http://hr.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 Workday	
Amount provided by Postdoc Tuition Plan (100% of total amount per C of Section 2)		PDTA Post-Doc Employee PDNE Post-Doc Non-Employee ACAD YR TRANS CODE	14 0000 7610 LC DEPT BUOB
Date student account credit posted:		Workday Cost Center:	