

WINGATE UNIVERSITY

Employee Tuition Benefit

Graduate Program

Employee's Name _____ SS# _____

Employee's Address: _____

Employee's Position: _____

Graduate Program: Master of Business Administration
 Graduate Education

Academic Year: _____

Expected Class Participation: Fall _____ Spring _____ Summer _____

Tuition Payback Schedule

After completion of program the employee will be responsible for the following:

Service Beyond Graduation	Tuition Obligation
Up to One Year	¾ of Cost
One to Two Years	¼ of Cost
After Two Years	Tuition Waived

Participant's who do not complete the program will be responsible for cost of classes.

I certify that all of the information stated above is correct. My signature indicates that I have financial responsibility to Wingate University if the above schedule is not fully completed and I understand the Employee Tuition Benefit.

Date

Employee Signature

Date

Supervisor Signature

Date

Human Resources Representative