

**BAYLOR UNIVERSITY**  
**APPLICATION FOR EDUCATIONAL ASSISTANCE**

Please complete and return to:  
BAYLOR UNIVERSITY – HUMAN RESOURCES OFFICE  
ONE BEAR PLACE #97053 – CAMPUS  
BU-PP 451A

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**Section I: Employee Information** *(Please complete a form for the requested semester or academic year in which courses are planned to be taken):*

Date of Hire \_\_\_\_\_ Date of Application \_\_\_\_\_

Employee's Name \_\_\_\_\_

BU ID# \_\_\_\_\_ Birth Date \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Current Job Title \_\_\_\_\_

Current Work Schedule \_\_\_\_\_

Department \_\_\_\_\_ Department Phone \_\_\_\_\_

Supervisor \_\_\_\_\_

Educational Assistance Requested For:      Fall              Spring              Summer              Year \_\_\_\_\_

Institution Offering Course(s) \_\_\_\_\_

Tuition Cost \_\_\_\_\_ *(Provide Supporting Documentation for Courses Taken Outside of University)*

Title of Course(s) \_\_\_\_\_

Credit Hours Requested \_\_\_\_\_

Class Schedule \_\_\_\_\_

Is the course(s) part of an accredited degree program which you are seeking? If yes, please indicate what program.

\_\_\_\_\_

If part of program, indicate what course(s) and/or credits already completed. \_\_\_\_\_

\_\_\_\_\_

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**Section II: Business Justification**

*Please answer the following questions to assist in Business Justification and determination of potential taxability:*

- 1) Is the education needed to meet the minimum educational requirements of your current job?  
a. \_\_\_\_\_ Yes      b. \_\_\_\_\_ No
  
- 2) Is the education required by Baylor University or by law to keep your present salary, status or job?  
a. \_\_\_\_\_ Yes      b. \_\_\_\_\_ No
  
- 3) Does the required education serve a bona fide business requirement of Baylor?  
a. \_\_\_\_\_ Yes      b. \_\_\_\_\_ No

*If "Yes", please provide the bona fide business requirement:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Will this education maintain or improve your skills needed for your work?

a. \_\_\_\_\_ Yes      b. \_\_\_\_\_ No

If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Will you continue in your same position once you complete the course(s)?

a. \_\_\_\_\_ Yes      b. \_\_\_\_\_ No

If "No", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Are you taking the course(s) to meet a minimum requirement for a promotion?

a. \_\_\_\_\_ Yes      b. \_\_\_\_\_ No

If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Will your job duties change significantly due to completion of the coursework?

a. \_\_\_\_\_ Yes      b. \_\_\_\_\_ No

If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Certification – To be completed by the Employee**

*I have read and agree to the terms of the Baylor Educational Assistance Plan as laid out in the Plan document dated \_\_\_\_\_ and as amended from time to time. I understand that tuition benefits for any courses that are determined by Baylor not to be qualifying work-related education, per IRS guidelines, will be included (when exceeding \$5,250) as taxable wages subject to withholding and reporting. Additionally, I agree to indemnify Baylor for any assessed taxes, penalties and interest should the IRS determine that the courses are not qualifying work related education contrary to Baylor's position and treatment of the courses.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Supervisor Certification – To be completed by the Supervisor**

*I certify that I am this employee's supervisor or department head, that this form is accurately completed, and that I have compared the description(s) of the course(s) listed above with the employee's job description and agree with the representations above.*

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature (if different)

\_\_\_\_\_  
Date

**NOTE: Please use additional paper if necessary to provide additional explanation for any of the above questions.**

**Section III: For Office Use Only**

*Subsection 1 – For All Uses*

Account Number: \_\_\_\_\_

Employee Eligibility Date: \_\_\_\_\_

Eligibility Approved for \_\_\_\_\_ credits

a. \_\_\_\_\_ Yes

b. \_\_\_\_\_ No

*Subsection 2 – For Amounts Requested as Qualifying Work-Related Education (Exceeding the Educational Assistance Plan \$5,250 limit only)*

Excess amount determined to be work-related: \$ \_\_\_\_\_

\_\_\_\_\_  
Human Resources Date

\_\_\_\_\_  
Tax Office (if reviewed) Date

\_\_\_\_\_  
Payroll Office Date