

Non-CMU Employees Application for Faculty/Staff Benefit 2023-2024 Academic Year

Please complete the first two sections and return them to your HR Office. They will, in turn, send to the Office of Financial Assistance.

Section 1: Student Information Student Name:	I: Student Information Name: Student ID#			
Permanent Home Address:				
Email:		Phone:		
What will your grade level be when you begin Undergraduate *See note below re Undergraduate with a previous Bactor of Graduate/professional - Please note of See HR for details of coverage. High School Dual Credit Courses (n	egarding FAFSA requi chelor's Degree already graduate spouse benefits	rements **See note below regar		
Which campus will you (student) attend? \Box	Fayette (CLAS)	Off-Site/Online (CGES)	☐ Graduat	te Fayette/Online (GRAD)
Section 2: Employee Information	STUDENT is same as E	MPLOYEE (Please compl	ete Departmen	t information below)
Name:				
Permanent Home Address:				
City;				
Department:				
these fees will result in forfeiture of berwill be responsible for the pro-rated showed that the student does qualify for federal of for federal or state grants their first year, they are not grants. Federal/state grants will be applied first to tuth the Financial Assistance office for benefit information. *** All Undergraduate Students who have	are of the tuition ben policants must compor state grants, they must controlled a FA ition cost. The remaining tuit Failure to complete the FAI e already received the	efits Ilete a Free Application Implete a FAFSA in subsequent FSA the following year unless to It is balance will be paid by face FSA and the Application for Foliation Ist Bachelor's Degree	on for Federa It years. If it is deta their financial circui culty/staff benefit. S aculty/Staff Benefi or any Gradu	Il Student Aid (FAFSA.) If it is ermined that the student does not qualificant mistances change making them eligible for tudents living on-campus need to contact forfeits the right to receive the benefit ate Students who wish to use federate.
loans must complete a FAFSA. If you do not wish t	•	·	· ·	,
Employee's Signature:			Date:	
Section 3: Payroll/Human Resources	<u>Information</u>			
For Pay	roll/Human Resources	Office Only – Do Not Wri	te In This Box	
Institution and Department _		Date of Em	nployment:	
Benefit Eligible: Yes	NoDate Eligib	ole for Faculty/Staff Bene	fit:	
Payroll Director Signature:		Date:		