

Non-CMU Employees Application for Faculty/Staff Benefit 2024-2025 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:		Student ID#	
Permanent Home Address:			
Email:	5		·
Undergraduate with a previou	ow regarding FAFSA requirements s Bachelor's Degree already **See note note graduate spouse benefits at 50% are age.		
Which campus will you (student) attend?	Fayette (CLAS) Off-Site/Or	line (CGES) 🛛 🖬 Graduat	te Fayette/Online (GRAD)
Section 2: Employee Information	STUDENT is same as EMPLOYEE (Please complete Departmen	nt information below)
Name:	ID #:	Relationship to Student:	
Permanent Home Address:			
City:	State:	Zip:	
Department:	Email:	Phone:	
By signing this document I agree to these fees will result in forfeiture of will be responsible for the pro-rated	benefits for subsequent terms. I als	5 8 8	1 3
*All first-time UNDERGRADUAT determined that the student does qualify for fe for federal or state grants their first year, they grants. Federal/state grants will be applied first the Financial Assistance office for benefit inform ** All <u>Undergraduate Students who</u> loans must complete a FAFSA. If you do not	deral or state grants, they must complete a FA are <u>not</u> required to complete a FAFSA the follow to tuition cost. The remaining tuition balance ation. Failure to complete the FAFSA and the have already received their 1 st Bache	FSA in subsequent years. If it is det ving year unless their financial circu vill be paid by faculty/staff benefit. Application for Faculty/Staff Benef lor's Degree, or any Gradu	termined that the student does not qualify umstances change making them eligible for Students living on-campus need to contact fit forfeits the right to receive the benefit. uate Students who wish to use federal
Student's Signature:		Date:	
Employee's Signature:		Date:	
Section 3: Payroll/Human Resourc	es Information		
For	Payroll/Human Resources Office Only	– Do Not Write In This Box	
Institution and Departm	ent	Date of Employment:	
Benefit Eligible: Yes	NoDate Eligible for Facu	lty/Staff Benefit:	
Payroll Director Signatur	e:	Date:	