

Texas A&M University Galveston Doctoral Educational Assistance Application

Employee Information

Employee UIN * _____

First Name* _____

Last Name* _____

Employment Information

Employing Institution* _____

Employee Title* _____

Employee Dept.* _____

Academic Information

Degree Program* _____

Semester & Year* _____

University Name* _____
The name of the TAMUS institution that you are enrolled at for the doctoral program.

Employee Acknowledgement

_____ I hereby certify that graduate tuition and fee waivers provided by the Texas A&M University System for my educational expenses are job-related because the course or courses taken will maintain or improve upon skills needed for my current position/employment.

Employee Acknowledgement

_____ I further certify that the course or courses taken are not needed to meet the minimum educational requirements of my present job, nor are they part of a program of study that can qualify me for a new trade or business. Under penalty of perjury, I affirm the above information is true and accurate.

Employee Acknowledgement

_____ I further certify that (1) I am employed in a full-time, budgeted faculty/professional staff position at an A&M System university, agency, or System office each semester while in the program and (2) I am admitted to a doctoral program at an A&M System university, and I am in good standing in that program and making progress towards degree completion.

Employee Acknowledgement

_____ I understand that I am not eligible to receive benefits from both the Doctoral Educational Assistance Program and the Employee Tuition Assistance Program (at Texas A&M) simultaneously.

Today's Date _____

Employee Signature _____

Supervisor Acknowledgement

_____ I hereby certify that the employee submitting this application for the Doctoral Educational Assistance Program meets the program eligibility requirements including (1) employed in a full-time, budgeted faculty or professional staff position at an A&M System university, agency, or System office, (2) has a satisfactory performance review on file for the most recent performance period, AND (3) is enrolled in a doctoral program consistent with their faculty appointment or for non-faculty employees, the doctoral program is consistent with the mission of the office in which the administrator or staff member is employed.

Name _____

Signature _____

Email Address _____

Date _____

Associate VP (or equivalent) Approval

Name _____

Signature _____

Email Address _____

Date _____

___ Approved ___ Denied