



2018-2019 ELIGIBILITY AND BILLING FORM

Completion of this form is necessary to confirm that you are eligible for benefits through Roosevelt's Corporate Education Program. The application fee is waived for students eligible to participate in this program.

This form must be completed each semester.

A. Student Information

Printed Student Name

Roosevelt ID Number

I'm confirming benefits for the following semester. Select one:

Semester: Fall 2018 Spring 2019 Summer 2019

B. Employer Information – To Be Completed by your Employer

Name of Employer: _____

Location of Employer (City & State): _____

Start Date of Employment: _____

My signature affirms the student is a current employee and eligible to receive educational benefits from Roosevelt University.

Signature of HR Representative: _____

Printed Name and Title: _____

C. Student Certification Statement

My signature certifies that all of the information provided on this form is true and correct to the best of my knowledge. I understand that by receiving Corporate Education Benefits that I will not be considered for others forms of Roosevelt University assistance, such as institutional grants and/or scholarships. If needed, I will submit the Free Application for Federal Student Aid (FAFSA) in order to be considered for additional funding to assist with my education-related expenses. I understand that I am responsible for any late fees and/or remaining balance that may be reflected on my student account.

Student Signature

Date

Submit this form by mail to Financial Aid Services, Roosevelt University, 430 S. Michigan Ave, WB1M16, Chicago, IL 60605 or by email to fas@roosevelt.edu or by fax to (312) 341-3545.