



Tuition Discount Program Employee Graduate Program Questionnaire

Please use a separate form for each individual course.

Employee's Name: _____ Emp ID #: _____

Employee's Address: _____

Department Name: _____

Position Title: _____ Date of Hire: _____

1. Are you enrolled in a graduate program? Yes No

If yes, what is the name of the graduate program? _____

Program start date: _____ Anticipated completion date: _____

2. Name and number of graduate course(s) you are enrolled in: _____

Term or Semester: _____ Day(s) of Class: _____ Time of Class: _____

Does the completion of the graduate course maintain or improve skills required in your present position?

Yes No If yes, please explain why:

3. Is this graduate program or course taken to meet minimum education requirements of your current or another position? Yes No If yes, please explain why:

4. Is the completion of this graduate program or course required by Chapman University to meet ongoing education requirements for your current position? Yes No If yes, please explain why:

5. Will this graduate program or course qualify you for a new position or business? Yes No If yes, please explain why:

I certify that the above statements are true and correct to the best of my knowledge.

Employee's Signature

Date

Supervisor's Signature

Date