

# University of Missouri

## Educational Assistance Program For Retired Employees

Form must be submitted no later than the end of the semester or session for which you are requesting below.

### RETIRED EMPLOYEE SECTION

Name (Last, First, Middle Initial)	Employee ID
Campus where you plan to take the course <input type="checkbox"/> Columbia/UEEXT <input type="checkbox"/> Kansas City <input type="checkbox"/> Rolla <input type="checkbox"/> St. Louis	
Semester or Session and Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer    Year _____	Center for Distance & Independent Study Courses <input type="checkbox"/> Yes <input type="checkbox"/> No

### COURSES SECTION

Course Number	Reference Number	Course Title (Enter exact title as listed in catalog)	Number of Course Hours
			<input type="checkbox"/> Credit <input type="checkbox"/> Audit
			<input type="checkbox"/> Credit <input type="checkbox"/> Audit
			<input type="checkbox"/> Credit <input type="checkbox"/> Audit
			<input type="checkbox"/> Credit <input type="checkbox"/> Audit
			<input type="checkbox"/> Credit <input type="checkbox"/> Audit
			<input type="checkbox"/> Credit <input type="checkbox"/> Audit
<b>Total Number of Hours</b>			
Retired Employee's Signature		Date	
Home Mailing Address		Area Code and Home Telephone Number	

Send completed form to Faculty & Staff Benefits using one of the options below:  
**Note:** An acknowledgement of receipt will be sent and your form will be submitted to the cashier's office within 3 business days from date of receipt if no additional information is required.

<b>Email:</b> <a href="mailto:umbenefitsedu@umsystem.edu">umbenefitsedu@umsystem.edu</a>  <b>Fax: (573) 882-9603</b>  <b>For Questions: (573) 882-2146</b>	<b>Address:</b> <b>Faculty and Staff Benefits</b> <b>Woodrail Centre</b> <b>1000 W. Nifong</b> <b>Building 7, Suite 210</b> <b>Columbia, MO 65211</b>
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### Faculty & Staff Benefit Office Use Only

Benefit Eligibility Date	Approval	Date
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