

**REQUEST FOR SPOUSE'S EMPLOYMENT INFORMATION**

To: \_\_\_\_\_

Employer's Name

Date

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Employer's City, State, and Zip Code

\_\_\_\_\_  
(Area Code) Phone Number

**CHANGES IN EMPLOYMENT CIRCUMSTANCES BEYOND THE STUDENT'S CONTROL**

STUDENT – your employer must provide the information requested below.

EMPLOYER – You must answer the following questions below by circling the answer or filling in the dates requested. Questions must be answered on company letterhead.

\_\_\_\_\_  
The student, \_\_\_\_\_, has submitted a Tuition Petition Form requesting a tuition refund for the \_\_\_\_\_ term. The student's reason for requesting a tuition refund is due to changes in THE SPOUSE'S EMPLOYMENT STATUS (work hours or location of employment or loss of job etc.) either of which was **beyond the spouse's control** and prevented the student from attending registered courses for that term.

The student must submit a letter from the spouse's employer, on business letterhead, to support the tuition petition. The employer's letter must be typed and must include the following information.

1. What was the employee's work schedule prior to the changes taking place? \_\_\_\_\_  
\_\_\_\_\_
2. Give a date as to when the **employee** was first notified of the change(s) to take place. (If a memorandum was sent to the student, please provide a copy of the memorandum) \_\_\_\_\_
3. Was the change an increase in work hours? Please circle your answer: Yes No If your answered yes specify the hours from: \_\_\_\_\_ hrs. to \_\_\_\_\_ hrs.
4. Was the change in work hours a change in the hours that the employee usually works? Previous hours of work start time \_\_\_\_\_ end time \_\_\_\_\_. Hours of work after change: start time \_\_\_\_\_ end time \_\_\_\_\_.
5. Did the student have a choice in accepting the change(s)? Circle your answer. Yes No
6. If applicable, give the new work location \_\_\_\_\_, and date the employee (student) was first notified of the change in work location \_\_\_\_\_.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
(Area Code) Phone Number

All information requested must be provided. If any of the above information is excluded, the student's Petition will be rendered incomplete and a decision will not be made. Should you have any questions on any of the information being requested, please feel free to contact our office at (303) 556-2324. Our Fax number is (303) 556-4829.