



## **Purdue University Global Educational Benefit Intake Form**

**Employee Information** 

This form is to be completed by the employee who is interested in using their Educational Benefit for themselves or an immediate family member at Purdue University Global.

This form is for all new and returning students using the Education Benefit. Utilizing the Educational Benefit is dependent on receipt of all appropriate acknowledgments, verifications, and admission into Purdue University Global.

Employees are to fill out the form in its entirety and submit it to <a href="mailto:edbenefits@support.purdueglobal.edu">edbenefits@support.purdueglobal.edu</a>. If information is missing, it may cause a delay in starting the process.

EMPLOYEE NAME:			EMPLOYEE ID (PUID):		
CAMPUS OR ENTITY:					
DEPARTMENT:			POSITION:		
WORK EMAIL:			WORK PHONE:		
DEPARTMENT HEAD NAME:		DEPAR	DEPARTMENT HEAD EMAIL:		
STUDENT STATUS:	NEW STUDENT*	RE-ENTRY STUDE	RE-ENTRY STUDENT†		
*New student — Has never attended (enrolled/posted attendance) Purdue Global or Kaplan University, including Concord Law School. † Re-entry student— Has attended (enrolled/posted attendance) Purdue Global or Kaplan University, including Concord Law School.					
EMPLOYEE RELATIONSHIP TO STUDENT: Select the relationship of the student to the employee. Select only one option.		Select One:	SELF		
			IMMEDIATE FAMILY		
IF IMMEDIATE FAMILY:					
Student Information Complete the student's information. Employees requesting to use the benefit for themselves, must also complete this section.					
STUDENT FIRST NAME:	ST		TUDENT LAST NAME:		
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
EMAIL		PHONE #:			
Is the student or student's spouse, a U.S. servicemember, reservist, or veteran?					
Program Information Students can review Purdue University Globa	I programs and start dates at www.Pu	rdueGlobal.edu.			
PROGRAM OF STUDY:		DES	SIRED START DATE:		