



STUDENT ID NUMBER \_\_\_\_\_

# UNDERGRADUATE

## Tuition Remission

Approval Form

Employee Name: \_\_\_\_\_ Staff Faculty

Department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Remission for: Self Spouse Dependent Expected Date of Graduation: \_\_\_\_\_  
Month/Year

Name (Spouse/Dependent): \_\_\_\_\_ Date of Birth (Spouse/Dependent): \_\_\_\_\_

Semester: Fall Winter Spring Summer Year: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Course Title	Course Number	Course Time

*\* Per policy, full-time employees cannot simultaneously be full-time students.*

### REMISSION Percentage (to be completed by HR)

If tuition remission is for a dependent, I hereby certify that he/she is a dependent as defined by the Internal Revenue Code and claimed as a dependent on my 20 \_\_\_\_\_ federal income tax return and is under age 24.

Employee \_\_\_\_\_ Date \_\_\_\_\_

**\*Signature by department/division head is only required if remission is for actual employee**

Approval: Department Head \_\_\_\_\_ Date \_\_\_\_\_

Division Head \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid \_\_\_\_\_ Date \_\_\_\_\_

***This form must be completed and approved prior to the first day of classes.***

***Employees should refer to the Employee Handbook for the University's full tuition remission policy.***