



Application for Tuition Remission and Approval

Submission of this application is not a guarantee of receiving the tuition remission. Please ensure your student has made alternative financial arrangements in case your application is denied. Please contact the Financial Aid Office for information on financial assistance.

Submit this form to the Office of Human Resource during the admission period of the program the student is entering/entered, or 90 days before classes begin, whichever is earlier.

Please refer to the Tuition Remission Program policy, for eligibility and approval requirements.

Employee Name: _____

Employee's Department: _____

Student's Name: _____

Student's Relation to Employee: Self Spouse*** Domestic Partner*** Dependent Child***

College student is/will be attending: _____

Program in the College: _____

Length of Program Study: One-year Two-year Three-year Four-year

Year in the Program: First-year Second-year Third-year Fourth-year

Term you are applying for tuition remission:

Fall _____ Spring _____ Academic Year: _____

***Spouse/Domestic Partner/Dependent Child Certification: I certify the student is currently, or will be my spouse/domestic partner/dependent child at the commencement of the applicable academic term/year, and meets the definition of spouse/domestic partner/dependent child, as defined in the policy.

Please check the appropriate box:

- Attached is/are documentation verifying the qualifying relationship.
- I will provide documentation of the qualifying relationship during, and no later than March 31 following the calendar year the tuition remission was applied. I understand that failure to provide the required verification automatically cancels the benefit and tuition payment for the academic term/year, and all subsequent terms will be required.

Important Tax Information

For determination of individual tax liability, the participant(s) in this program are encouraged to consult a qualified tax advisor, at the participant's expense, for applicability of Internal Revenue or State Tax Code.

I understand that under IRS rules, any tuition remission dollars awarded to me, and/or to my spouse/domestic partner/dependent child(ren), are treated as my income and added to my gross wages, and subject to taxation. All applicable taxes on the tuition remission are deducted from my earnings within the calendar year in which the tuition remission was applied.

Employee's Signature: _____ Date: _____



For Office of Human Resources Use Only
Tuition Remission Approval

Employee Name: _____

Employee Hire Date: _____

Student Name: _____

College/Program: _____

Tuition Remission: \$ _____ Fiscal Year/Term: _____
(The above tuition remission amount is based on full-time enrollment. The amount is pro-rated for part-time enrollment.)

Percent (%) of Remission: _____ % First Academic Year _____
_____ % Second Academic Year _____
_____ % Third Academic Year _____
if applicable
_____ % Fourth Academic Year _____
if applicable

Approvals:

Office of Human Resources

Date

Office of the Provost

Date

_____ Date e-mailed to: Financial Aid, Bursar's Office, and Payroll Department.

_____ Date student notified by Financial Aid.