



EMPLOYEE APPLICATION FOR TUITION REMISSION

Section I - Employee Eligibility – to be completed by employee and spouse/dependent

EMPLOYEE NAME: _____ EMPLOYEE ID NO: _____

DEPARTMENT: _____ HIRE DATE: _____

EMPLOYEE STATUS (circle one): Faculty Administrative Support Staff

PROGRAM ENROLLED (circle one): Traditional Continuing & Professional Studies (ADP)

STUDENT NAME (if different from employee): _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

RELATIONSHIP (circle one): Spouse Son Daughter

All applicants for the Tuition Remission Program for an enrollment period in which twelve (12) or more semester hours of credit will be undertaken must also apply for the Free Application for Federal Student Aid (FAFSA) and other gift aid programs, unless otherwise instructed by the Director of Financial Aid. Links to these forms can be found at: <https://studentaid.gov/>

I am applying for tuition remission for Fall 20__ / Spring 20__ semester.

Signature of Employee: _____

Date: _____

Signature of Student (if different): _____

Date: _____