Application for Tuition Remission
Dependent Child

Instructions: This application should be initiated by the employee requesting tuition remission for a dependent child. Once completed, this form should be forwarded to the **Sponsored Student Office, 153 Garner Hall, Mail Stop 9701, prior to the deadline for payment**.

SECTION A. DEPENDENT CHILD INFORMATION

NAME _____
First Middle Last

MSU ID Number _____

Tuition Remission is requested beginning with the _____
Year

- ☐ Fall Semester
- ☐ Spring Semester
- ☐ Maymester
- ☐ Summer 10-week
- ☐ Summer I
- ☐ Summer II

SECTION B. EMPLOYEE/RETIREE INFORMATION

NAME _____
First Middle Last

MSU ID Number _____

DEPARTMENT _____ PHONE _____

COLLEGE/SCHOOL/DIVISION _____

Is your spouse currently employed at Mississippi State University in a benefits eligible position or a Mississippi State University retiree?

☐ No

☐ Yes Name _____ MSU ID Number _____

☐ I certify that the student named in Section A is a dependent child as defined by the policy. I further understand that tuition remission, along with any other student financial assistance, will be considered to determine the cumulative financial aid received. I agree to reimburse the University for any over-award of financial aid or tuition remission received.

_____
Employee's Signature Date

HRM #60-226
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