



Instructions: This application should be initiated by the employee requesting tuition remission for a dependent child. Please read the reverse for tuition remission policy information. Once completed, this form is to be forwarded to the Sponsored Student Programs Office, 153 Garner Hall, Mail Stop 9701.

EMPLOYEE'S NAME First Middle Last

SOCIAL SECURITY NUMBER

DEPARTMENT

COLLEGE/SCHOOL/DIVISION

DEPENDENT CHILD'S NAME First Middle Last

SOCIAL SECURITY NUMBER

Tuition Remission is requested beginning with the Year

Fall Spring Summer I Summer II semester.

I certify that the student named above 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

