

Application for Employee Tuition Remission

Employee's Name:	Banner ID:
Department: Se	mester:
Course Number & Name	Credit or Audit
I hereby apply for tuition remission as an employee of the am expected to make up the time I am excused to attend degree seeking program in the College of Arts and Science approved by the Department of Human Resources.	class and/or lab unless I am enrolled in a
Employee Signature:	Date:
 I approve this remission request I recommend that the hours this non-exempt employe hours worked for the following reason: 	-
Division Head's Signature:	Date:
To Be Completed by the Dean's Office	
Signature:	Date:
To Be Completed by the Office of Human Resources	
 The above names employee is eligible for tuition rem The request for class or lab time to be counted as how 	
Signature:	Date:
To Be Completed by the Office of the Treasurer	
Tuition: \$ Audit: \$	Budget Number:
Signature:	Date: