



**Application for Tuition Remission as a Special Student**  
For Spouse / Dependents of Employees

Spouse / Dependent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Employee's Banner ID: \_\_\_\_\_

Relationship of Applicant to Employee: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse / Dependent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**To Be Completed by the Office of the University Registrar**

The above named spouse / dependent is enrolled for: \_\_\_\_\_ (semester) \_\_\_\_\_ (year)

Department	Course Number	Section	Day	Time

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**To Be Completed by the Office of Human Resources**

The above named spouse / dependent is eligible for tuition remission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**To Be Completed by the Office of the Treasurer**

Tuition: \$ \_\_\_\_\_ Audit: \$ \_\_\_\_\_ Budget Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_