

# TUITION REMISSION FORM



Employee Name \_\_\_\_\_

## STUDENT INFORMATION

The student is a(n):  Employee  Dependent of an Employee; name: \_\_\_\_\_

Relationship to Employee \_\_\_\_\_

Institution of Enrollment \_\_\_\_\_ Semester \_\_\_\_\_ Year 20\_\_\_\_

Number of  units /  Courses requested for benefit: \_\_\_\_\_ (This form must be completed and submitted before the start of each semester/session for which the benefit is requested. Summer sessions count towards the new fiscal year.)

Is the student receiving any of the following?:

California State Scholarship  No  Yes: Amount \$ \_\_\_\_\_

Graduate Fellowship  No  Yes: Amount \$ \_\_\_\_\_

Other Financial Aid  No  Yes: Amount \$ \_\_\_\_\_

I hereby apply for the tuition remission benefit for the above student for the semester indicated. I understand that if the student withdraws from the course(s) or otherwise does not successfully complete the course(s) I will be responsible for the payment of any tuition costs owed to the institution of enrollment. I further understand that I must complete and submit a new *Taxability Determination Form* if and when I change degree programs.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## CONFIRMATION OF ELIGIBILITY

The employee is eligible for the above indicated tuition remission benefit as follows:

100% (Employee Benefit)  50% (Dependent Benefit)

Per IRS Regulations:  Non-Taxable  Taxable

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## REGISTRAR'S VERIFICATION

The above student has successfully completed\* \_\_\_\_\_ units/course(s) for the \_\_\_\_\_ semester of 20 \_\_\_\_:  
\* A passing grade must be received.

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## PAYMENT APPROVAL

Evidence of successful completion of coursework has been received and payment is approved as follows:

Tuition Benefit Amount \$ \_\_\_\_\_

Debit Account Number: 610- 619 6212-4580

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date