



REMITTED TUITION REQUEST FORM

EMPLOYEE, SPOUSE/DOMESTIC PARTNER, & IRS DEPENDENTS

Employee: Complete Parts A, C & D

Spouse/Domestic Partner/Dependent: Complete Parts A, B & C

Employee Eligibility: Must work at least 20 hrs. per work week for 12 months each year or at least 37½ hrs. per work week for at least 8½ months each year. If you are enrolling in a day course, attach the course description from the college catalog.

A Employee Name: _____ Banner Id. No. _____
 Department: _____ Position: _____
 Please Check Current Employment Status: Full-Time Part-Time

B Spouse/Domestic Partner/IRS Dependent Name: _____ Last four digits of S.S.#: _____

C Year: _____ Semester: Spring Fall Winter Summer U.C. S.U.
 Graduate Day Course
 Check all that apply: Under-Grad. Evening Course Online. No. Credit Hours: _____
 Course Name: _____ Course Number: _____
 Course Name: _____ Course Number: _____
 Will you be applying for Financial Aid?: Yes No
I understand that if I become ineligible for remitted tuition credits due to a change in employment status, I will be responsible for payment of all tuition charges incurred. I further understand that remitted tuition for GRADUATE level courses may be taxable in accordance with IRS Regulations and applicable taxes will be withheld based on my W-4 Form.
 Employee's Signature: _____ Date: _____
 Spouse/Domestic Partner/Dependent's Signature: _____ Date: _____

D Day Courses: Exempt & Non-Exempt employees may take day courses at times that conflict with their regular work schedules. Exempt and Non-Exempt employees may also take a combination of day, night and/or online courses in any given semester equal to a full-time course load (12 credit hours for Undergraduate and 9 credit hours for Graduate). Day courses or full course loads require approval from an employee's immediate supervisor, area vice president, VP of Financial Affairs, Senior Vice President and Chief Advancement Officer and the President. (Note: Only one (1) day course is permitted each semester)

Course Directly Related to Current Position Enhance Credentials for Personal/Professional Development

No. of Such Requests Previously Approved for Employee: _____ No. of Credits Remaining to Complete Degree Requirement: _____

Course & Meeting Time: _____

Please provide a brief rationale for taking this course during regular work hours & explain arrangements for covering displaced work responsibilities:

① _____ SUPervisor's APPROVAL & DATE

② _____ RESPECTIVE VICE PRESIDENT'S APPROVAL & DATE

③ _____ ASSISTANT VP HUMAN RESOURCES APPROVAL & DATE

④ _____ VP FINANCIAL AFFAIRS' APPROVAL & DATE

⑤ _____ PRESIDENT'S APPROVAL & DATE