

STUDENT ID NUMBER

Approval Form

Name:					Staff	Faculty	
Department:				Date of Hire:			
Remission for: Self Spouse		Dependent	Expected Date of Graduation: Month/Year		Month/Year		
Name (Spouse/Dependent):				Date of Birth (Spouse/Dependent):			
	Fall	Winter	Spring	Summer	Year:		
ogram:	MBA	MST	MPAc	PMBA	Graduate Certificate in	n Business Analytics	
Course Title					Course Time		
	* Per p						
		dependent,	I hereby certify that	he/she is a c	dependent as defined by the		
Employee				Date			
* Sig	nature by	departmer				al employee	
Department	Head				Date		
Division He	ad				Date		
Human Resources				Date			
Financial Aid	d				Date		
	ogram: Cou wition remiss evenue Code * Sig Department Division He Human Res	for: Self buse/Dependent): Fall Course Title * Per partition remission is for a evenue Code and claims * Signature by Department Head Division Head	for: Self Spouse Duse/Dependent): Fall Winter Course Title * Per policy, full-tim REMISSI uition remission is for a dependent, evenue Code and claimed as a dependent of the servenue Code and claimed of the servenue Code and claimed as a dependent of the servenue Code and claimed as a dependent of the servenue Code and claimed of the servenue Code and clai	for: Self Spouse Dependent Duse/Dependent): Fall Winter Spring Degram: MBA MST MPAc Course Title Course Nur * Per policy, full-time employees cannot REMISSION Percentage (to the course and claimed as a dependent on my 20 * Signature by department/division head is Department Head Division Head Human Resources	for: Self Spouse Dependent Expect Date of Birt Fall Winter Spring Summer Degram: MBA MST MPAc PMBA Course Title Course Number * Per policy, full-time employees cannot simultaneous REMISSION Percentage (to be completed in the complete in the course of the	for: Self Spouse Dependent Expected Date of Graduation: Date of Birth (Spouse/Dependent): Fall Winter Spring Summer Year: Ogram: MBA MST MPAc PMBA Graduate Certificate in * Per policy, full-time employees cannot simultaneously be full-time students. REMISSION Percentage (to be completed by HR) uition remission is for a dependent, I hereby certify that he/she is a dependent as defined by the venue Code and claimed as a dependent on my 20 federal income tax return and is uition remission is for actual pate * Signature by department/division head is only required if remission is for actual pate Date Date Date Date Date Date Human Resources Date	

This form must be completed and approved prior to the first day of classes.