

Student ID Number \_\_\_\_\_

**UNDERGRADUATE**  
**Tuition Remission**  
Approval Form

Name (Bryant Employee): \_\_\_\_\_ ( ) Staff ( ) Faculty

Department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_ Remission for: Self ( ) Spouse ( ) Dependent Child

Name (Spouse/Child): \_\_\_\_\_ Date of Birth (Child/Dependent): \_\_\_\_\_

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Course Title	Course Number	Course Time	Remission Percentage <i>(to be completed by HR)</i>

*\*Full-time employees are permitted to take 2 courses per semester/5 per academic year*

If tuition remission is for a dependent, I hereby certify that he/she is a dependent as defined by the Internal Revenue Code and claimed as a dependent on my 20 \_\_\_\_\_ federal income tax return and is under age 23.

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

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Approval: Department Head \_\_\_\_\_ Date \_\_\_\_\_

Division Head \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid \_\_\_\_\_ Date \_\_\_\_\_

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***\* This form must be completed and approved prior to the first day of classes. Employees should refer to the Employee Handbook for the University's full tuition remission policy.***