



STUDENT ID NUMBER _____

GRADUATE Tuition Remission Approval Form

Employee Name: _____ Staff Faculty

Department: _____ Date of Hire: _____

Remission for: Self Spouse Dependent Expected Date of Graduation: _____
Month/Year

Name (Spouse/Dependent): _____ Date of Birth (Spouse/Dependent): _____

Semester: Fall Winter Spring Summer Year: _____

Degree Program: MBA MST MSA OMBA Graduate Certificate in Business Analytics

Course Title	Course Number	Course Time

** Per policy, full-time employees cannot simultaneously be full-time students.*

REMISSION Percentage (to be completed by HR)

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 24.

Employee _____ Date _____

*** Signature by department/division head is only required if remission is for actual employee**

Approval: Department Head _____ Date _____

Division Head _____ Date _____

Human Resources _____ Date _____

Financial Aid _____ Date _____

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.