

Application for Tuition Remission

Employee

Please complete entire form and return to the HR Department at least two weeks in advance of each semester or term. Incomplete forms will not be accepted.

EMPLOYEE (STUDENT) INFORMATION

EMPLOYEE'S LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF HIRE	CLU ID #
EMPLOYEE'S STREET ADDRESS	CITY		STATE	ZIP
EMPLOYEE'S EMAIL	CONTACT PHONE			

APPLICATION INFORMATION

ANSWER ALL THAT APPLY TO THIS APPLICATION

Which program are you admitted to as a regular student? _____

If you are enrolling in an Undergraduate program, will you have...

- Yes No fewer than 140 units in the Traditional Undergraduate program (semester based)?
 Yes No fewer than 140 units in the Bachelor's Degree for Professionals program (quarter based)?
 Yes No fewer than 36 units in the Fifth-year Credential program?

How many courses do you plan to attend for the current semester/term?

- 1 course
 2 course
 Other – Please explain: _____

PLEASE INDICATE YOUR REGISTRATION DETAILS FOR THIS APPLICATION

ACADEMIC YEAR: _____ TOTAL UNITS: _____

FALL WINTER SPRING SUMMER
 ONLINE TERM 1 ONLINE TERM 2 ONLINE TERM 3 ONLINE TERM 4 ONLINE TERM 5

PLEASE INDICATE YOUR CLASS STANDING FOR THIS TERM CHECKED ABOVE

- FRESHMAN (0-29 UNITS) SOPHOMORE (30-59 UNITS) JUNIOR (60-89 UNITS) SENIOR (90-124 UNITS) 5TH YEAR CREDITAL GRADUATE

SIGNATURE

To the best of my knowledge, I certify that the above information is true and correct.

SIGNATURE OF EMPLOYEE _____ DATE _____

SIGNATURE OF SUPERVISOR _____ DATE _____
(Required only for employee enrollment if class(es) are during regularly scheduled work hours)

Taxation of benefits offered under the Education Benefits Policy is determined by the [Internal Revenue Code](#) and is subject to change at any time.
For additional reference to the Educational Benefits policy please refer to the [Employee Handbook](#) (pages 34-39).

For HR office use only:

Eligible Ineligible FTE Status _____ Payroll Hours _____ Benefit _____ class(es) at _____ %
 Ed.D applicant HR Benefits Initials _____ Benefit _____ class(es) at _____ %
AVP of Human Resources Signature _____ Date _____