

# PACIFIC UNIVERSITY

## Tuition Remission Form

1. STATUS (please circle)

Dependent      Staff      Spouse      Faculty

2. TERM (Please indicate all that apply)

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
Year                      Year                      Year

3. ENROLLMENT (Please indicate anticipated enrollment for entire academic year)

# of Credit Hours \_\_\_\_\_ # of Audit Hours \_\_\_\_\_

4. STUDENT'S NAME \_\_\_\_\_

Last

First

Middle

5. SOCIAL SECURITY # \_\_\_\_\_

6. EMPLOYEE NAME (Please Print) \_\_\_\_\_

**7. EMPLOYEE STATEMENT OF DEPENDANCY** *(must be completed if the above named student qualifies for tuition remission by virtue of being a child of a benefit eligible faculty or staff member)*

I certify that this student is my dependent and not over 24 years old. If the student should cease to be a legal dependent while receiving tuition I will inform the Human Resources Office. I understand that if the student ceases to be a legal dependent, or if my employment with Pacific University terminates tuition remission ends and the remission amount granted will be adjusted.

EMPLOYEE SIGNATURE \_\_\_\_\_

**8. SUPERVISOR APPROVAL** *(must be completed if the above named student is an employee)*

Regular full-time faculty and staff members may enroll for courses on a space available basis with approval of their supervisor. It is the responsibility of the supervisor to make sure the employee's work is rescheduled and the operation of the department is not adversely affected.

SUPERVISOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**This form must be filled out before registration for classes and the student must abide by the policies of the University regarding registration and withdrawal procedures. Students who have an outstanding balance in the Business Office may not be eligible for registration for future semesters.**

**FILL OUT THIS FORM COMPLETELY AND RETURN IT TO HUMAN RESOURCES**

**FOR OFFICE USE ONLY**

HR Approval \_\_\_\_\_

Total Credits \_\_\_\_\_

Total Remission \_\_\_\_\_

Code \_\_\_\_\_

Date \_\_\_\_\_

Term \_\_\_\_\_

Employee ID # \_\_\_\_\_