PACIFIC UNIVERSITY

Undergraduate Tuition Remission Application Form

1. STATUS (please circle) **DEPENDENT** **STAFF** **SPOUSE** **FACULTY**

2. SEMESTER (Please complete an application for each semester)

Fall _____ **Year** **Spring** _____ **Year** **Summer** _____ **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. STUDENT'S BIRTH DATE _____

6. SOCIAL SECURITY # _____

7. EMPLOYEE NAME (Please Print) _____

8. 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).

_____ Employee initial here

The tuition remission benefit is available only as long as the eligible child is a dependent and not over twenty-four (24) years of age at the beginning of the academic year. The tuition remission benefit eligibility continues until the end of the semester in which a child reaches the age of 24 years. The benefit is no longer available after the dependent child receives their first Bachelor's degree.

_____ Employee initial here

I understand that submission of this tuition remission form pertains to the waiver of tuition costs only. Student is responsible for payment of all other costs such as books, medical insurance, fees, etc.

_____ Employee initial here

I certify that this student is my dependent. A COPY OF THE FIRST PAGE OF MY MOST RECENT INCOME TAX RETURN (FORM 1040) SHOWING THAT THE CHILD WAS CLAIMED AS A DEPENDENT IS ATTACHED.

EMPLOYEE SIGNATURE _____

9. 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	_____	Date	_____
Total Credits	_____	Term	_____
Total Remission (tuition only)	_____	Employee ID #	_____
Code	_____		