Faculty/Staff Tuition Remission Application

A copy of the registration must be attached

This form must be completed each term the applicant is in attendance. Refunds will not be made on credits that result from tuition remission. The applicant is responsible for filing this form in a timely fashion. Personnel in the payroll, business, and financial aid office are not required to remind applicants of this obligation. Interest charges will accrue on balances that remain as a result of late submission of these forms.

Student Section (please print or type)

Name: _____ Student I.D. Number: _____

Relation to employee (circle one) SELF SPOUSE DEPENDENT (If dependent, date of birth) _____

UD degree sought (circle one) BACHELOR'S MAC MBA PERSONAL INTEREST

Term applying for: (circle one) FALL SPRING SUMMER I SUMMER II SUMMER III **20**_____

Student Status (circle one) UNDERGRADUATE AUDIT SEMINARY GRADUATE

Signature of Applicant _____

Employee Section

Employee Name: _____

Signature of Employee: _____

Signature of Supervisor: _____
(If applicable, I have verified that the employee's schedule conforms with the policy limitations.)

Signature of Cabinet _____

Human Resources Office Section

Percent of Full-Time Employment: _____ Percent of Maximum Remission: _____

Signature or Human Resources Officer: _____ Date: _____

Financial Aid Office Section

Tuition Charge for the Term Indicated $ _____

Less: Pell _____

Iowa Tuition Grant _____

Other _____

Subtotal: $_____

Maximum Tuition Remission _____ % of $_____ = $ _____

Tuition Remission Awarded: (subtotal or maximum, whichever is less) $ _____