

Faculty/Staff Tuition Remission Application

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. Interest charges will accrue on balances that remain as a result of late submission of these forms.

Student Section (please print or type) A copy of the student schedule must be attached

Name: _____ Student I.D. Number: _____

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

Term applying for: FALL SPRING SUMMER 20__ Student Status: UNDERGRADUATE GRADUATE

Signature of Applicant: _____ Date: _____

Employee Section

Employee Name: _____ Signature: _____

Signature of Supervisor: _____ Date: _____

(If applicable, I have verified that the employee's schedule conforms with the policy limitations.)

Signature of Cabinet: _____ Date: _____

Registrar Office

Credits

Attempted: _____ Earned: _____ Current Enrolled Credits: _____ Anticipated Graduation: _____

Signature of Registrar Office: _____ Date: _____

Human Resources Office

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

Signature of Human Resources Office: _____ 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) \$ _____