

HARRIS-STOWE STATE UNIVERSITY
APPLICATION FOR TUITION REMISSION
Employee, Employee's Spouse, Employee's Children and other 1040 Dependents

Term/Semester: _____

Date Applied: _____

FORWARD:

Only eligible University employees, as defined in the current Staff Personnel Policies and Procedures Manual of Harris-Stowe State University, may apply for tuition remission for themselves, their spouses, their children and other 1040 dependents. This form shall be used for such applications and must be completed prior to the end of the posted application period.

I. FOR THE EMPLOYEE ONLY:

Employee's Name: _____

Employee's Identification Number: _____

Employee's Office/Department: _____

The courses for which tuition remission is being sought:

Approved (Y) (N)	Initials	Course No.	Course Title	Cr. Hrs.	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Verification Signatures:

Employee: _____

Human Resources: _____

II. FOR THE EMPLOYEE'S ELIGIBLE RELATIVE(S):

Eligible Relative's Name: _____

Relationship to Employee: _____

The courses for which tuition remission is being sought:

Approved (Y) (N)	Initials	Course No.	Course Title	Cr. Hrs.	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Verification Signatures:

Employee: _____

Human Resources: _____

Other Eligible Relative: _____

Relationship to Employee: _____

The courses for which tuition remission is being sought:

Approved (Y) (N)	Initials	Course No.	Course Title	Cr. Hrs.	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Verification Signatures:

Employee: _____

Human Resources: _____

Copies: Employee Financial Aid Human Resources