Tuition Remission Application – Employee's Spouse or Dependent



Employees can apply for tuition remission for their spouses and depandents by completing and signing this form, obtaining the required approval signatures, and—before the first day of class— submitting it to the Office of Human Resources. Tuition Remission Policy available online under www.cabrini.edu/HR.

Employee Name		ID Number
Department		
Date of Full-Time Employment (MM/DD/YY)		
Spouse/Dependent Name		ID Number
Relationship to Employee: Spou	use Depend	dent 🗆
Semester Benefit Requested: Fall □	Winterim \square	Spring ☐ Summer ☐ Year:
Credit Type: Undergraduate □	Graduate (Tuition w	rill be assessed as taxable income) \square
Anticipated Number of Credits for Academic Y	′ear	
Applied for FAFSA (depdendents only)?	Yes ☐ No ☐	
Graduate Degree Program		
List requested courses and attach printed Stu-	dent Detail Schedule, availa	able on Cabrini One under Student tab.
The number of semester credit hours must be	consistent with the University	sity's Tuition Remission Policy.
Course Title		Course Name/#
Credit Hours	Class Days & Times	
Course Title		
Credit Hours	Class Days & Times	
Course Title		Course Name/#
Credit Hours	Class Days & Times	
Course Title		-
Credit Hours	Class Days & Times	
Course Title Credit Hours		Course Name/#
Credit Flours	Class Days & Tilles	
Employee Certification: I have read, underst	tand, and agree to abide by	all provisions of the tuition remission policy.
I further understand that this benefit is the act	= :	
If my course load changes, I will notify Human	Resources.	
Employee Signature		Date
To be completed by Human Resources:		
Approved? Yes ☐ No ☐		
If no, reason:		
Human Resources Signature		Date
Date to Financial Aid		mployee Notified
Number of Credits Approved		ate Undergraduate U