Tuition Remission Application – Employee

Employees can apply for tuition remission 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.

Name _____ ID Number _____

Department _____ Email _____

Employee Type:

- Full-time Faculty/Staff ☐

  Date of Full-Time Employment (MM/DD/YY) _____

- Adjunct Faculty ☐

  (6-semester waiting period) Date of Employment (MM/DD/YY) _____

  Currently teaching? Yes ☐ No ☐

- Part-Time Coach ☐

  Date of Employment (MM/DD/YY) _____

  Currently coaching? Yes ☐ No ☐

Semester Benefit Requested: Fall ☐ Winterim ☐ Spring ☐ Summer ☐ Year _____

Credit Type: Undergraduate ☐ Gradute (Tuition will be assessed as taxable income.) ☐

Anticipated Number of Credits for Academic Year _____

List requested courses and attach printed Student Detail Schedule, available on Cabrini One under Student tab.
The number of semester credit hours must be consistent with the College's Tuition Remission Policy.

- Course Title _____ Course Name/# _____
  Credit Hours _____ Class Days & Times _____
- Course Title _____ Course Name/# _____
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- Course Title _____ Course Name/# _____
  Credit Hours _____ Class Days & Times _____
- Course Title _____ Course Name/# _____
  Credit Hours _____ Class Days & Times _____
- Course Title _____ Course Name/# _____
  Credit Hours _____ Class Days & Times _____

Employee Certification: I have read, understand, and agree to abide by all provisions of the tuition remission policy. I further understand that this benefit is the actual cost of tuition only. I am responsible for any fees, if applicable. If my course load changes, I will notify Human Resources.

Employee Signature _____ Date _____

To be completed by Supervisor:

- ❑ I approve this request and certify that the employee's participation will not adversely affect departmental services nor cause undue hardship for other employees.
- ❑ I am allowing the employee to attend classes during the workday. Attached is the alternate work arrangement.
- ❑ I cannot approve or certify the employee's request to attend classes because: _____

_____

_____

Supervisor Signature _____ Date _____

Vice President Signature _____ Date _____

To be completed by Human Resources:

Approved? Yes ☐ No ☐

If no, reason: _____

Human Resources Signature _____ Date _____

Date to Financial Aid _____

Date Employee Notified _____

Number of Credits Approved _____ Gradute ☐ Undergraduate ☐

www.cabrini.edu/HR - Updated Dec. 11, 2015