



EMPLOYEE APPLICATION FOR TUITION REMISSION

Section I - Employee Eligibility – to be completed by employee and spouse/dependent

EMPLOYEE NAME: _____ EMPLOYEE ID NO: _____

DEPARTMENT: _____ HIRE DATE: _____

EMPLOYEE STATUS (circle one): Faculty Administrative Support Staff

PROGRAM ENROLLED (circle one): Traditional Continuing & Professional Studies (ADP)

STUDENT NAME (if different from employee): _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

RELATIONSHIP (circle one): Spouse Son Daughter

All applicants for the Tuition Remission Program for an enrollment period in which twelve (12) or more semester hours of credit will be undertaken must also apply for the Free Application for Federal Student Aid (FAFSA) and other gift aid programs, unless otherwise instructed by the Director of Financial Aid. Links to these forms can be found at: <http://www.belmontabbeycollege.edu/Financial-Aid/adp/forms.aspx>

I am applying for tuition remission for Fall 20__ / Spring 20__ semester and have attached a Schedule/Bill from the Business Office.

Signature of Employee: _____ **Date:** _____

Signature of Student (if different): _____ **Date:** _____

Section II – Employees, their spouses and children will not be required to pay a housing or tuition deposit as long as this form is completed in its entirety and submitted to the Financial Aid Office by **May 1** for the fall semester and **Dec 15** for the spring semester.

Section III – Administrative and Support Staff complete this section if the class or classes are to be taken is during work hours.

Tuition remission for courses taken by full time employees applies for six (6) semester hours or fewer in any given semester, with the written approval of the department supervisor. Taking over six (6) semester hours requires the written approval from the appropriate Vice President or Dean. An employee may take up to one three (3) credit hour course each semester during the regular work day if approved by their Vice President or Dean. Approval should generally be restricted to required courses which are not available in the evening during the current or subsequent semesters and, thereby, place a hardship on the individual. Employees are responsible to make up the time away from work each week during that week. Job performance cannot be negatively impacted by the employee taking courses.

This section is to be completed by the employee’s Divisional Vice President and Supervisor:

My signature verifies that the above named employee’s participation in the attached class listing will not adversely affect the department’s services and activities. I verify that the employee has made arrangements to make up time lost from work due to course attendance.

Supervisor Name (print or type): _____ **Date:** _____

Vice President or Dean Signature: _____ **Date:** _____