

## APPLICATION FOR TUITION REMISSION

**HUMAN RESOURCES OFFICE USE ONLY**

% OF BENEFIT: \_\_\_\_ @ \_\_\_\_%  
 \_\_\_\_ @ \_\_\_\_%

HUMAN RESOURCES APPROVAL \_\_\_\_\_

**\*THIS IS TO BE SUMITTED WITH TUITION REMISSION PAYMENT OPTION FORM**

**\*\*THIS FORM DOES NOT APPLY TO THE ED.D. PROGRAM**

PLEASE COMPLETE ENTIRE FORM AND RETURN TO THE HUMAN RESOURCES DEPARTMENT AS SOON AS POSSIBLE

\_\_\_\_\_  
 Student Applicant's Last Name      First      Middle      (Maiden)      Date of Birth

\_\_\_\_\_  
 Permanent Mailing Address      City      State      Zip Code      Telephone No.

\_\_\_\_\_  
 Student ID#      Marital Status      Date of Marriage      Relationship to Employee

Are you a dependent of an employee of CLU? \_\_\_\_\_  
 \_\_\_\_\_  
 Employee's First Year of Employment

\_\_\_\_\_  
 University's Employee's Last Name      First      Middle      Telephone No.

\_\_\_\_\_  
 Mailing Address (If different than above)      City      State      Zip Code

**THIS APPLICATION IS FOR:**    Fall Session of \_\_\_\_ (Yr.)    Winter Session of \_\_\_\_ (Yr.)    Spring Semester of \_\_\_\_ (Yr.)  
 Summer Session of \_\_\_\_ (Yr.)    Online Session # \_\_\_\_ of \_\_\_\_ (Yr.)

**\*(Tuition Remission Applies to a maximum of 15 units per semester)**

Please check the Applicant's class standing for next year.

Fresh (0-27 hrs)     Soph (28-57 hrs)     Junior (58-89 hrs)     Senior (90-128 hrs)     Graduate     5<sup>th</sup> Year Teaching Credential

.....  
 Tuition remission in excess of \$5,250 is taxable to employees in accordance with the internal revenue service tax code section 127.  
 .....

**LIST CLASSES AND/OR PROGRAM TO BE TAKEN.**

COURSE NAMES AND NUMBERS:	COURSE DAY AND TIME:	CREDITS:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IF UNDERGRADUATE, PLEASE INDICATE:    \_\_\_\_\_ FULL-TIME    \_\_\_\_\_ PART-TIME**

**TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
 SIGNATURE OF APPLICANT      DATE

\_\_\_\_\_  
 SIGNATURE OF EMPLOYEE      DATE

\_\_\_\_\_  
 \*\*SUPERVISOR'S SIGNATURE      DATE

**(Required only for employee enrollment if class is during regularly scheduled work hours)**

# ***TUITION REMISSION PAYMENT OPTION***

(THIS FORM MUST BE COMPLETED EACH SEMESTER TUITION REMISSION IS RECEIVED)

**STUDENT NAME:** \_\_\_\_\_

**STUDENT I.D. NO.:** \_\_\_\_\_

I am only registered for one undergraduate class and Tuition Remission will cover my balance.

As a recipient of Tuition Remission, payment of the remaining balance will be as follows:

I will make payment in full before the first day of classes.

I will contact the Student Accounts office to enroll in the Automatic Monthly Payment Plan. I understand there is a \$50 fee per semester to participate, and all payment plans must be completed by the end of the semester.

I would like payments deducted from my CLU paycheck, in equal amounts to pay the balance within the semester/session period. I have completed the authorization for this deduction below. **(please do all calculations before turning in!)**

---

## PAYROLL DEDUCTION AUTHORIZATION

**EMPLOYEE NAME** (if different than Student Name above): \_\_\_\_\_

**TOTAL AMOUNT:** \$ \_\_\_\_\_

**DEDUCTION PER PAY PERIOD:** \$ \_\_\_\_\_

**DATES FOR PAYROLL DEDUCTION:** \_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**AUTHORIZING SIGNATURE**

HUMAN RESOURCES:

**Tuition Remission of** \_\_\_\_\_ **% is approved for** \_\_\_\_\_ **semester. Initial:** \_\_\_\_\_

**STUDENT ACCOUNTS: Above payroll deduction is approved. Initial:** \_\_\_\_\_

**PAYROLL DEPARTMENT: Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Initial:** \_\_\_\_\_