

APPLICATION FOR GRADUATE TUITION BENEFITS TUITION REMISSION PROGRAM

SECTION I

I am applying for graduate tuition benefits on behalf of myself who will be attending Albright College during the following academic year:

Fall 20____ Interim/Winter 20____ Spring 20____ Summer I 20____ Summer II 20____

Class / Classes _____

Tuition \$ _____

SECTION II

EMPLOYEE CERTIFICATION

Student / Employee Name

Student's Social Security No

Employee Signature

Date

Department _____ Faculty () Administrator () Support Staff () Coach ()

COLLEGE CERTIFICATION

I certify that under the applicable personnel policies of the College, the above-named individual qualifies to participate in the Tuition Remission Program and recommend that tuition remission benefits in the amount indicated be awarded to the above-named student.

Approved _____

Denied _____

Reviewed by Human Resources

Date