



APPLICATION FOR TUITION BENEFITS
TUITION REMISSION PROGRAM

SECTION I **ACADEMIC PROGRAM**

I am applying for tuition remission on behalf of myself, spouse, domestic partner or dependent who will be attending Albright College during the following academic term:

Term: Fall 20____ Interim 20____ Spring 20____ Summer I 20____ Summer II 20____

Academic Program: __DSP __DCP __Traditional Day __Graduate __Non-Program

Class(es):_____ **(Registration Attached)**

____ I acknowledge that I am responsible for any additional charges or book costs that occur on my account.

____ I acknowledge that I am responsible for any late payment fees on my account due to late submission.

SECTION II **STUDENT IDENTIFICATION**

Print Student's Name

Student's Age
(Traditional Day Only)

Student ID#

Status: Employee () Spouse () Domestic Partner () Daughter () Son ()

SECTION III **EMPLOYEE CERTIFICATION**

I have applied for Tuition Remission Benefits and I certify (if applicable) that the above-named individual is a dependent as defined by the Internal Revenue Code currently in effect, and, if requested by the College, agree to provide appropriate documentation to support dependency status. I will promptly advise the Office of Human Resources of any change in dependency status.

Print Employee Name

Employee Signature

Date

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

Managerial Approval:_____ **(for employee students taking classes during work hours only)**

Please sign completed form, attach registration, and forward to Human Resources.

Final awarding of Tuition Remission Benefits is based on the FAFSA for the Accelerated Degree Program (ADP) and Traditional Day Program per the Tuition Remission Policy

SECTION IV **COLLEGE CERTIFICATION**

FOR OFFICE USE ONLY

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 be awarded to the above-named student.

Tuition Remission: Approved____ **Denied**____ _____ Verified Graduate Course (if applicable)

Reviewed/Approved by Human Resources

Date