

**LINCOLN UNIVERSITY
REQUEST FOR REMISSION OF TUITION**

Employee Name: _____ Date of Request: _____

Remission of Tuition Request: Fall ____ Spring ____ Summer ____ Year 20 ____

If Tuition Remission Request if for self – revised work schedule with supervisor approval required
 If Tuition Remission Request is for a dependent, your signature below verifies that the named dependent lives in your household, is supported by you, and is not otherwise so profitably employed as to pay his or her own expenses.
 If dependent is: Child – proof of dependency is required
 If dependent is: foster children or stepchildren, evidence of legal adoption are required.
 If dependent is: Spouse – proof of marriage is required.
 All other dependents are subject to approval by Lincoln University Office of Human Resources.

Tuition Recipient is: ____ Self ____ Dependent – Relationship _____

Recipient last attended Lincoln University: _____ Employee Date of Full-time employment: _____

Tuition Recipient: _____ SSN: _____

<u>Course Title/Number Requested</u>	<u>Credit Hours</u>	<u>Hours of Class</u>	<u>Days</u>
_____	_____	_____ to _____	M T W TH FR SA SU
_____	_____	_____ to _____	M T W TH FR SA SU
_____	_____	_____ to _____	M T W TH FR SA SU
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____ Remission of Tuition Recipient, named above, maybe eligible to apply for admission and registration.

Director of Human Resources: _____ Date: _____

____ Remission of Tuition Recipient, named above, has been admitted completed application on file and is eligible to register.

Director of Admissions: _____ Date: _____

____ Remission of Tuition Recipient, named above, is eligible to register for the above courses only during registration of the appropriate semester.

Registrar: _____ Date: _____

____ Remission of Tuition Recipient, named above, has met all prerequisites and is eligible to take the courses/titles listed above.

Director of Human Resources: _____ Date: _____

____ Applicant has a completed physical on file in the Campus Health Services office. Nurse _____

Completed original to Requesting Employee
 Copies to Office of the Bursar, Health Services and Office of Financial Aid

