



LINCOLN UNIVERSITY

REQUEST FOR REMISSION OF TUITION BENEFITS

Remission of Tuition Benefit requests must be submitted to HR on or before the Add/Drop deadline for each semester.

Employee Information

Date:

Employee's Name	
*Employee's Signature	
Date of Hire	
Employee's Title	
Employee's Department	

*By signing this form I understand that the **Tuition Remission Benefits for eligible employees include undergraduate and graduate tuition only**; and do not include: Fees, room and board, books, labs, etc. Program pays for the cost of classroom instruction only. **The Tuition Remission Benefits for eligible dependents include undergraduate tuition only**; and do not include: Fees, room and board, books, labs, etc. Program pays for the cost of Lincoln University classroom instruction only.

Tuition Benefit Recipient

Tuition Recipient (check one)	<input type="checkbox"/> Self*	<input type="checkbox"/> Dependent
Name of Benefit Recipient (if dependent)		
Date of Birth of Recipient (if dependent)	mm/dd/year	
Benefit Recipient's Student ID #		
Previously Enrolled? (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Semester (check one)	<input type="checkbox"/> Fall (year) <input type="checkbox"/> Spring (year) <input type="checkbox"/> Summer (year)	

- *A revised work schedule with supervisor's approval is required if the employee is covered under a CBA. Please attach document.
- Your signature verifies that the dependent lives in your household, is supported by you, and is not otherwise so profitably employed as to pay their own expenses.
- If dependent is a child (24 years old or younger and enrolled on a full-time basis) – proof of dependency and/or evidence of legal adoption are required. If dependent is a spouse – proof of marriage is required. All other dependents are subject to approval by Lincoln's University Office of Human Resources.

Course Selection- To be completed only if recipient is the employee

Course Number	Course Title	Credit Hours	Hours of Class	Class Schedule								
				M	T	W	TH	F	ST	SN		

Approvals required (in sequence)

1. <input type="checkbox"/> Supervisor Approval (Of scheduled course(s) indicated above and revised work schedule.)	2. <input type="checkbox"/> Human Resources Approval (Of benefit eligibility)
(Supervisor Signature)	(HR Signature)
Supervisor Name (Print Name)	Office of Human Resources (Print Name)
Date	Date

TAXABILITY OF GRADUATE TUITION REMISSION

Per IRS tax code, you will be taxed on a yearly basis on the value of your graduate coursework above \$5,250 per calendar year.