

Tuition Remission Application – Academic Year _____ - ____

Degree Seeking?

Yes

No

Schedule

Full-time

Part-time

Tuition remission is requested as follows:

<u>Term</u>

Fall semester

Spring semester

Fall & Spring semesters		
Tuition remission is requested for the following individual (select one and complete the appropriate follow-up information).		
Employee		
One course for audit		
One course for credit		
Because courses must be completed in the traditional undergraduate program, classes are often scheduled during work hours. The employee must have the approval of their immediate supervisor to participate in tuition remission.		
Supervisor's Name Supervisor's Signature Date		
Employee's Spouse Name:		
One course, up to a full load for credit		
One course for credit		
One course for audit		
Employee's Dependent Name: Age:		
One course, up to a full load for credit at Muskingum.		
Tuition Exchange Program (see Financial Aid Office for additional application process)		
Under IRS regulations, the value of this benefit will not be included in your taxable income if your dependent is declared as your dependent on the prior year's tax return. Please submit this form with a copy of the first page of the prior year's tax return.		

By signing this application for tuition remission,

Employee Name:

- I understand that this form must be submitted and approved before the first day of classes per the Academic Calendar.
- I understand that tuition remission applies to traditional, undergraduate classes only.
- I affirm that the identified recipient of the tuition remission benefit does not hold a bachelor's degree and is qualified to participate under the terms of the policy.
- I understand that the Human Resources Office will request proof of dependency status, as defined by the IRS.
- I understand that the recipient and I must seek all applicable, state of Ohio sources of financial aid before tuition remission will be applied. Federal financial assistance and scholarships, where applicable, may be applied to living expenses.
- If applying for a Tuition Exchange Program, I will consult with the Financial Aid Office approximately one year in advance and complete any additional, required application process.
- I understand that submitting false information, intentionally or not, will be grounds for immediate disciplinary action up to and including termination. Disciplinary action may also include repayment of all benefits unjustly received.

Employee Name.		
Employee Signature:	Date:	
Please submit this form to the Human Resources Office for processing.		
Human Resource	es Office	
Approved as Requested		
Approved with Modifications		
Denied		
HR Signature:	Date:	