Print

GEORGE FOX UNIVERSITY

ADP & El. Ed. Degree Completion Only
REQUEST FOR TUITION REMISSION
2015–16 Academic Year

EMPLOYEE INFORMATION: ☐ **Faculty** ☐ **Administrator** ☐ **Staff**

Employee Name *(please print)* _____ Employee ID # _____ Employee Department _____ Box # _____ Campus Extension _____

List dates and place of full-time employment at any other educational institution ***immediately prior to employment*** at George Fox that may be credited to the three-year requirement for full benefits.

From_____ To_____ Institution / Location _____

STUDENT INFORMATION:

Student Name *(please print)* _____ Student ID # _____ Student Phone Number _____

Student's Relationship to Employee: ☐ Self ☐ Spouse

Student may be required to complete a Free Application for Federal Student Aid (FAFSA) each year.

Does this student already have a bachelor's degree? ☐ Yes ☐ No If no, Class Standing beginning of fall semester 2015 _____

If spouse with senior standing credits at start of fall semester 2015_____

ENROLLMENT INFORMATION: **Check which graduate program:**

☐ Adult Degree Program-Cohort ☐ Adult Degree Program-PREP ☐ Elem. Ed. Degree Completion

(Specify start dates for each class for which tuition remission is requested. May attach class list) _____

Enrollment Status: ☐ Full-time ☐ Less than full-time AND **Number of credit hours per semester is less than full-time** _____

Tuition Remission requested for *(check all that apply)*: ☐ Fall 2015 ☐ Spring 2016 ☐ Summer 2016

APPROVALS: *(Required only if the EMPLOYEE is enrolling in ADP. All necessary signatures required* ***prior*** *to submitting form to Human Resources. If employee is enrolling for* ***more than 4 credit hours per semester****, supervisor signatures up through VP/Provost are required.)*

Supervisor's Signature_____ Date_____

Additional signatures if required_____

ADP ADMISSIONS APPROVAL *(The student must be accepted into the program before tuition remission will be approved.*

Admissions Counselor Signature_____ Date_____

Program Start Date_____

EMPLOYEE CERTIFICATION: *I have read and I understand the policies and limitations of the George Fox University tuition remission program and I am in compliance with its provisions.*

Employee's Signature_____ Date_____

*****Please review to be sure this form is complete and that you have provided all the required information.*****

HUMAN RESOURCES USE ONLY:

Date Employed_____ ☐ Full-time ☐ .75 FTE ☐ Other_____

Tuition Benefit: ☐ Fall _____% ☐ Spring _____% ☐ Summer _____% Benefit Level Approved ☐ Tier One ☐ Tier Two

Comments: _____

Signature_____ Date_____

Human Resources

Revised 1/15