



GEORGE FOX  
UNIVERSITY

ADP & El. Ed. Degree Completion Only  
REQUEST FOR TUITION REMISSION  
2012-13 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** (Fr/So/Jr/Sr) beginning of fall semester 2012 \_\_\_\_\_  
**If Class standing is Senior**, provide number of credits attempted toward an undergraduate degree (at GF and/or elsewhere) \_\_\_\_\_

**ENROLLMENT INFORMATION: Check which 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 if less than full-time** \_\_\_\_\_

Tuition Remission requested for (check all that apply):  Fall 2012     Spring 2013     Summer 2013

**APPROVALS:** (Required only if 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** (If starting the program, an ADP admissions counselor's signature is required **prior** to submitting this form to the Human Resources Department. If continuing in an ADP program, only your program start date is required.)

ADP Admissions Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Start Date: \_\_\_\_\_

**EMPLOYEE CERTIFICATION:** I have read and understand the policies and limitations of the George Fox University tuition remission program as described in the employee handbook and 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     Half-time     Other \_\_\_\_\_ Cost Center(s): \_\_\_\_\_

Tuition Benefit:  Fall \_\_\_\_\_%     Spring \_\_\_\_\_%     Summer \_\_\_\_\_%

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Director, Human Resources