



GEORGE FOX
UNIVERSITY

REQUEST FOR UNDERGRADUATE 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 # (not Social Security) Student Phone Number

Student's Relationship to Employee: Self Spouse Dependent- If dependent, date of birth: _____/_____/_____

**To qualify as a dependent of a George Fox employee, a child must be unmarried and under age 24 at the end of the calendar year in which the tuition remission is received, and be claimed as an exemption on a parent's federal income tax return for the year(s) in which tuition remission is received. Dependents may be required to complete a Free Application for Student Federal Aid (FASFA) each year.*

Does this student already have a bachelor's degree? Yes No

Class standing (Fr/So/Jr/Sr) beginning of fall semester 2012 _____

If Class is Senior, provide number of credits attempted toward an undergraduate degree (at GF and/or elsewhere) _____

ENROLLMENT INFORMATION:

Program: Early Admit (still in High School) Traditional Undergraduate

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

Is this student planning to study off campus (semester abroad, etc.) No Yes, Fall semester Yes, Spring semester

APPROVALS: (Required only if employee is taking classes.) All necessary signatures are 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 signature if required _____ Date _____

Additional signature if required _____ 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 _____

Incomplete forms may be returned to employees for completion prior to processing.

HUMAN RESOURCES USE ONLY:

Date Employed _____ Full-time Half-time Other _____ Cost Center(s): _____

Tuition Benefit: Fall _____% Spring _____%

Comments: _____

Signature _____ Date _____

Director, Human Resources