Print

GEORGE FOX UNIVERSITY

REQUEST FOR UNDERGRADUATE TUITION REMISSION
2013-14 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 2013_____

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 2013 ☐ Spring 2014

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 _____Dat _____

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_____

*****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 _____% _____

Comments: _____

Signature_____ Date_____

Director, Human Resources

Revised 11/2012