



GEORGE FOX
UNIVERSITY

REQUEST FOR GRADUATE TUITION REMISSION

EMPLOYEE INFORMATION: Faculty Administrator Staff

Employee Name (please print) _____ 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 Student Federal Aid (FASFA) each year.*

ENROLLMENT INFORMATION: Specify which graduate program: _____

Tuition Remission requested for (check all that apply): Fall 2008 Number of Credit hours _____

Spring 2009 Number of Credit hours _____

Summer 2009 Number of Credit hours _____

If enrolled in a cohort program, start dates for each class for which tuition remission is requested: _____

BENEFIT LEVEL REQUESTED (see Employee Handbook for explanation and eligibility requirements): Tier One Tier Two

APPROVALS: (Required only if the EMPLOYEE is taking classes. 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 _____

GRADUATE ADMISSIONS APPROVAL (The student must be accepted into a graduate program before applying for tuition remission. Approval is required **prior** to submitting this form to Human Resources. If continuing in a graduate program, only your program start date is required.)

Admissions Counselor Signature _____ Date _____

Program Start Date _____

VICE PRESIDENT / PROVOST APPROVAL (required for Tier Two level tuition remission benefits OR if employee is enrolling for more than 4 credit hours per semester.)

Vice President/Provost Signature _____ 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 will be returned to employee for completion prior to processing.

HUMAN RESOURCES USE ONLY:

Date Employed _____ Full-time .75 FTE Other _____ Cost Center(s): _____

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

Comments: _____

Signature _____ Date _____

Director, Human Resources