

APPLICATION FOR TUITION REMISSION

Completed forms should be submitted to Human Resources for full-time faculty
and to the Provost's Office for part-time faculty.

Name of Employee _____

Street Address _____

City _____ State _____ Zip _____

Employee's Status: (Please check one)

Full Time Staff _____ Part Time Staff _____ Full Time Faculty _____

Adjunct Faculty _____ Coach _____ Retiree _____

Student's Name _____

AQ Student Number _____

Student's Relation to Employee: (Please check one)

Self _____ Spouse _____ Dependent Child _____ Non-Dependent Child _____

Intended Status of the Student: (Please check one)

Full Time _____ Part Time _____

Number of Courses to be taken _____ Number of credit hours _____

Check the appropriate space:

Semester	Quadmester	Summer	Academic Year	Circle One:
1 st _____	1 st _____	_____	20__ - 20__	Undergraduate
2 nd _____	2 nd _____			Graduate
	3 rd _____			
	4 th _____			

Approval for Coaches/Adjunct Faculty Members only:

This is to authorize that _____ is eligible for tuition remission on _____ credit hours of
graduate/undergraduate course work during the _____ semester of 20__.

Date Signature of Provost/Athletic Director

Application Received: _____

Hire Date _____

Remission Granted: Undergraduate Graduate 50% 100%

Credit Hours Granted: _____ Copy sent to EE _____ Financial Aid _____