PACIFIC UNIVERSITY         Undergraduate Tuition Remission Application Form         1. STATUS (please circle)       DEPENDENT STAFF SPOUSE FACULTY         2. SEMESTER (Please circle)       DEPENDENT STAFF SPOUSE FACULTY         2. SEMESTER (Please circle)       Spring							
2. SEMESTER (Please indicate all that apply)       Spring Summer Vear         3. ENROLLMENT (Please indicate anticipated enrollment for entire academic year)       # of Audit Hours         4. STUDENT'S NAME							
Last       First       Middle         5. STUDENT'S BIRTH DATE	<ol> <li>SEMESTER</li> <li>ENROLLME</li> </ol>	R (Please indicate FallY Y	all that apply) /ear ate anticipated en	Spring	Summer Year re academic year)		- Year
1. EMPLOYEE NAME (Please Print)         S. EMPLOYEE STATEMENT OF DEPENDANCY (must be completed if the above named student qualifies for tuition remission by intue of being a child of a benefit eligible faculty or staff member).         Image: Complete C		Last			First		Middle
virtue of being a child of a benefit eligible faculty or staff member).         Image: Calibratic content of the child of a benefit is the beginning of the academic year. The tuition remission benefit eligiblity continues until the end of the semester in which a child reaches the age of 24 years, or the attainment of his/her first Baccalaureate degree.         Image: Calibratic content of the child reaches the age of 24 years, or the attainment of his/her first Baccalaureate degree.         Inderstand that submission of this tuition remission form pertains to the waiver of tuition costs only. Student is responsible for payment of all other costs such as books, medical insurance, fees, etc.         Image: Calibratic content of the cost of							
Regular full-time faculty and staff members may enroll for courses on a space available basis with approval of their supervisor.         It is the responsibility of the supervisor to make sure the employee's work is rescheduled and the operation of the department is not adversely affected.         SUPERVISOR SIGNATURE	virtue of being a child of a benefit eligible faculty or staff member).         The tuition remission benefit is this benefit is available only as long as the eligible child is a dependent and not over twenty-four (24) years of age at the beginning of the academic year. The tuition remission benefit eligibility continues until the end of the semester in which a child reaches the age of 24 years, or the attainment of his/her first Baccalaureate degree.         I understand that submission of this tuition remission form pertains to the waiver of tuition costs only. Student is responsible for payment of all other costs such as books, medical insurance, fees, etc.         Employee initial here       I certify that this student is my dependent. A COPY OF THE FIRST PAGE OF MY MOST RECENT INCOME TAX RETURN (FORM 1040) SHOWING THAT THE CHILD WAS CLAIMED AS A DEPENDENT IS ATTACHED.         Employee       EMPLOYEE SIGNATURE						
FOR OFFICE USE ONLY	Regular full-time It is the response affected. SUPERVISOR <u>This form mus</u> registration and	e faculty and staff sibility of the super SIGNATURE at be filled out bea ad withdrawal pro	members may enror visor to make sure fore registration for cedures. Students	bill for courses on the employee's w or classes and th s who have an o	a space available bas ork is rescheduled ar <u>e student must abio</u>	bis with approval of the operation of <b>DATE</b>	of the department is not adversely
	FOR OFFICE U		L OUT THIS FORM	I COMPLETELY	AND RETURN IT TO	HUMAN RESOL	URCES

HR Approval	
Total Credits	
Total Remission (tuition only)	
Code	

Date	
Term	
Employee ID #	