



**FORDHAM UNIVERSITY**  
**EMPLOYEE TUITION**  
**REMISSION APPLICATION**

<input type="checkbox"/> SUM	20 _____	<input type="checkbox"/> SESSION 1	<input type="checkbox"/> SESSION 2
<input type="checkbox"/> FALL	20 _____		
<input type="checkbox"/> SPRING	20 _____		
<input type="checkbox"/> GBA	20 _____	<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER

**SECTION A - EMPLOYEE INFORMATION**

Name of Employee \_\_\_\_\_  
(CIRCLE ONE: FACULTY, ADMINISTRATOR, CLERICAL, MAINTENANCE)

Home Address \_\_\_\_\_

FIDN # \_\_\_\_\_ Position: \_\_\_\_\_ F.T. \_\_\_\_\_ P.T. \_\_\_\_\_

Date of Employment \_\_\_\_\_ Department \_\_\_\_\_ Ext \_\_\_\_\_

**SECTION B - TUITION REMISSION REQUEST**

Are you taking the course(s) for credit? \_\_\_\_\_ Matriculated \_\_\_\_\_ Non-Matric \_\_\_\_\_ Toward what degree? \_\_\_\_\_

From what school will you graduate? \_\_\_\_\_ Graduation Date \_\_\_\_\_

School in University in which course(s) will be taken? \_\_\_\_\_ Credits Completed \_\_\_\_\_

**LIST ALL COURSES FOR WHICH REMISSION IS REQUESTED**

SCHOOL	COURSE NUMBER	TITLE OF COURSE	NO. OF CREDITS	DAY(S) & HR(S) OFFERED	IF SUMMER COURSE INDICATE SESSION	
					<input type="checkbox"/> SESSION 1	<input type="checkbox"/> SESSION 2
					<input type="checkbox"/> SESSION 1	<input type="checkbox"/> SESSION 2
					<input type="checkbox"/> SESSION 1	<input type="checkbox"/> SESSION 2
					<input type="checkbox"/> SESSION 1	<input type="checkbox"/> SESSION 2

Please list any grants or scholarships you have applied for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** If you are a NYS resident, you are required to furnish evidence that you have applied for TAP. Tuition remission cannot be processed unless a copy of your Financial Aid Form is submitted with this application or documentation of TAP ineligibility. Tuition remission and grants must never exceed the tuition charge.

\_\_\_\_\_ Signed \_\_\_\_\_  
Date Employee

**SECTION C – ENDORSEMENT OF ADMINISTRATIVE SUPERVISOR**

This is to certify that \_\_\_\_\_ has my approval to pursue course(s) as indicated above during the \_\_\_\_\_ term in the school shown. This program will not interfere with the applicant's duties and is in accordance with the established policies of granting tuition remission. Courses taken during the regular work day will not be approved.

\_\_\_\_\_ Signed \_\_\_\_\_  
Date Administrative Supervisor or Department Chair

**SECTION D - TO BE COMPLETED BY HUMAN RESOURCES**

TERM	TUITION AMOUNT	TUITION REMISSION	TYPE

DATE \_\_\_\_\_ HUMAN RESOURCES (SIGNED) \_\_\_\_\_

**\*The tuition remission application must be received by the Human Resources office no later than 30 days after the end of the registration period. Failure to provide the tuition remission application within that period may result in the loss of tuition remission benefits for that semester/trimester. Falsification of the tuition remission application may result in permanent termination of tuition remission benefits.**