



FORDHAM UNIVERSITY
TUITION REMISSION
APPLICATION FOR SPOUSE
& DEPENDENT CHILD

SUM 20 _____ SESSION 1 SESSION 2
 FALL 20 _____
 SPRING 20 _____
 GBA 20 _____ FALL SPRING 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 APPLICANT INFORMATION

Name of Applicant _____
 (CIRCLE ONE: SPOUSE, DEPENDENT CHILD) AGE _____ FIDN NUMBER _____
 Home Address _____
 Are you taking the course(s) for credit? _____ Matriculated _____ Non-Matric _____ Toward what degree? _____
 From what school will you graduate? _____ Full-Time _____ Part-Time _____ Graduation Date _____
 School in University in which course(s) will be taken? _____ Credits Completed _____

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.

SECTION C - COMPLETE ONLY IF PART-TIME STUDENT OR FOR SUMMER CLASSES
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

SECTION D - COMPLETE ONLY IF FULL-TIME STUDENT

(If you are a full-time student, you can submit this application for the entire academic year)
 School in University in which you are enrolled _____
 Please list any grants or scholarships you have applied for _____

 Number of credits Fall _____ Spring _____ If G.B.A., which Trimester Fall _____ Spring _____ Summer _____
 Academic Year Fall 20 _____ Spring 20 _____ No. credits _____

SECTION E - TO BE COMPLETED BY EMPLOYEE AND APPLICANT

 Date

 Date

Signed _____
 Employee

Signed _____
 Spouse/Dependent Child

SECTION F - 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 the 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.**