

# MILLSAPS COLLEGE

## APPLICATION FOR TUITION REMISSION (EMPLOYEE ONLY)

Please complete this form for employee tuition remission approval. This form must be completed each term.

### EMPLOYEE SECTION (PLEASE PRINT)

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Division/Department: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Office Telephone # \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Normal Work Schedule: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Academic Year: \_\_\_\_\_

Semester: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer A \_\_\_\_\_ Summer 1 \_\_\_\_\_ Summer 2 \_\_\_\_\_ Summer Long \_\_\_\_\_ Summer B \_\_\_\_\_

(Mark one semester only)

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Number Hours Enrolled: \_\_\_\_\_

Degree seeking \_\_\_\_\_ Non-degree seeking \_\_\_\_\_

I acknowledge that tuition benefits will be provided to me contingent upon successful completion of the course and continuation of my eligibility for tuition benefits based upon my employment status with the College. I realize that if I do not satisfy these criteria, I will be responsible for payment of the course and any related fees.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

### DEPARTMENT CERTIFICATION

(To be completed by Supervisor/Department Head)

\_\_\_\_\_ Job-related course (The College defines a course as job-related if it is related to the employee's job at the College or is part of a degree plan that would prepare an employee for a future job within the College.)

\_\_\_\_\_ Courses will not interfere with work – Please attach proposed flexible work schedule if necessary.

\_\_\_\_\_  
Signature of Supervisor/Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Supervisor/Department Head

### HUMAN RESOURCES OFFICE CERTIFICATION

(To be completed by HR office)

Approved for Tuition Remission \_\_\_\_\_ Denied for Tuition Remission \_\_\_\_\_ Scholarship Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Scholarship Amount: \_\_\_\_\_

\_\_\_\_\_  
Office of Human Resources Authorization

\_\_\_\_\_  
Date

For official use only:

\_\_\_\_\_ Application entered into Ellucian

\_\_\_\_\_ Saved on Network Drive

\_\_\_\_\_ Notified BO

\_\_\_\_\_ Notified FA