

MILLSAPS COLLEGE

APPLICATION FOR TUITION REMISSION (SPOUSE OR DEPENDENT) Please complete for spouse or dependent tuition remission approval.

Faculty/Staff Data		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 _____	
Spouse/Dependent Data			
Last Name: _____	First Name: _____	MI: _____	
SSN: _____	Date of Birth: _____		
Relationship to Employee: _____			
If applying for tuition exchange please complete and attach the tuition exchange form.			
Academic Year: _____	Number of Hours Enrolled: _____		
Semester: Fall _____ Winter _____ Spring _____ Summer A _____ Summer 1 _____ Summer 2 _____ Summer Long _____ Summer B _____			
Undergraduate _____ Graduate _____	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 _____	

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:		
_____ Spouse/Dependent added to Ellucian	_____ Notified BO	_____ Saved on Network
_____ Application entered into Ellucian	_____ Notified FA	