

TUITION REMISSION APPLICATION

INSTRUCTIONS: College employees seeking tuition remission for themselves or an eligible spouse or child(ren) must complete this application and secure the approval of the appropriate Administrators PRIOR to registration. The completed signed form should then be sent to Human Resources. A copy will be returned to the employee. You no longer need to go to the Cashier's Office.

Name (Print)			J Nun	nber (Required)		
Department:			Phone	e Ext. (Required)	
			Studer	nt Status (Check		
Employee Classification (Check One)	Self	Spouse/Other			Child	
		Spouse	Dependent Other	Non-Dependent Other	Dependent	Non- Dependent
Full-Time Administrative Staff						
Full-Time Faculty						
Full-Time Confidential Staff						
Full-Time Classified Staff						
Permanent Part-Time (1 course per semester) Classified/Confidential Staff		N/A	N/A	N/A	N/A	N/A
Permanent Part-Time (2 courses per semester) Classified/Confidential (2 yrs & 20 hrs/wk)		N/A	N/A	N/A	N/A	N/A
Adjunct Faculty (1 course per semester)		N/A	N/A	N/A	N/A	N/A
Adjunct Faculty (2 courses per semester)	_*	_*	_*	_*	_*	_*
Visiting Lecturer (2 courses per semester)						
College Retiree						
* Adjunct Faculty members must be in Pool VII or abo	ve.			1		
I hereby apply for remission of tuition and (Name of Student)						_
who will be taking the following course(s) at the	College.	(Check term and p	provide year - please use	a separate form f	or each semester)
\Box Spring, 20 $\Box\Box$		\Box Early Summer Session 20 $\Box\Box$				
☐ Late Summer Session 20 ☐☐			\square Fall, 20 \square \square			
Course		Credit	s*	Days and Time	es Class Me	eets
#1						
#2						
#3						
#4						
TUITION REMISSION FOR NON-DEPENDE			CLUDE THE CO		TNERS IS TAXA	RLE
*Tuition Remissions is for ACADEMIC CO						
		*		**		
Employee Signature				Date		
Approved (Immediate Supervisor)				Date		
Approved (Division Dean or Senior Administrator)				Date		
Human Resources				Date		Page 1 of



of Philadelphia TAXABLE NON-DEPENDENT TUITION REMISSION VERIFICATION

This Verification must be completed for all tuition remission requests for children and/or domestic partners

Employee Information	tion an tuition remission requests for	children and/or domestic partners	
J#	Last Name	First Name	
Address	City	State/Zip	
Student's Information			
J #	Last Name	First Name	
Address	City	State/Zip	
Employee Class (circle one) Full-Time Classified Staff	Administrator Full-Time Fact College Retiree Adjunct Fact	•	Staff
Semester (circle one) Spring	Summer I Summer II	Fall Year	
a) A dependent full-time sturb) A dependent Dependent story one-half of st	tation of tuition remission benefact child under the age of 19 who is dent. It child between the ages of 19-23 status is determined by age at the partner who qualifies as a depensipport for the domestic partner	s registered as a part-time or 3 who is registered as a full-time s e end of the calendar year. dent because the employee provid	tudent. des over
	arding whether a child or dome with your personal tax advisor	stic partner falls within the IRS d	lefinition
partner is not a dependent, the acknowledge that if the studenthe first day of classes for non I understand that I have an old the studenth of	renced above. I acknowledge the tuition remission benefits that it is enrolled (a) at the 20% point-credit offerings, all course tuit	College of Philadelphia of any ch	domestic further or (b) on
Signature of Employee		Date	