



Tuition Remission Application Form

Instructions: Faculty and staff should complete this form each quarter in which they enroll in courses. Dependents complete this form once per academic year. Return this form to hr@seattleu.edu for review and approval.

Application for Academic Year: 20____ / 20____

Summer Fall Winter Spring

Student Name: _____ SU ID: _____

<input type="checkbox"/> Employee – Faculty or Staff (IEETB) <input type="checkbox"/> Dependent Spouse (IEEDB) <input type="checkbox"/> Dependent Child (IEEDB) – Date of Birth: _____	<input type="checkbox"/> ROTC/OIT (INONE) <input type="checkbox"/> UPS Employee (IEUPS) <input type="checkbox"/> UPS Dependent (IEUPS)
Campus or Home Address: _____ _____ _____	Level of Study: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Non-Matriculated <input type="checkbox"/> Course Audit

				OFFICE USE ONLY	
Course Number	Credits	Credit Cost	Total Course Cost	HR: % Remitted	SFS: \$ Remitted
		\$	\$	%	\$
		\$	\$	%	\$
		\$	\$	%	\$
		\$	\$	%	\$
			\$	Initials Date	Initials Date

Student Signature: _____ Date: _____

For Dependents Only: With my signature below, I hereby certify that the above-named student, if someone other than myself, is either (1) my spouse, or (2) my dependent child for federal income tax purposes, as defined in Section 151(c)(3) of Internal Revenue Code. I also understand that my spouse or child must follow the University's annual financial aid filing requirement by completing the Free Application for Federal Student Aid (FAFSA) form. I agree to indemnify and hold Seattle University harmless for any taxes, penalties and costs for which Seattle University may become responsible if this certification is false.

Employee Name: _____ SU ID: _____

Employee Signature: _____ Date: _____

For Employees Only: If your course enrollment is scheduled during your working hours, your supervisor needs to approve your request. Provide your supervisor with a proposed schedule of class times that overlap with your scheduled work hours.

Supervisor Signature: _____ Date: _____