

# LIVINGSTONE COLLEGE

## Tuition Remission Application

Applicant's Full Name: \_\_\_\_\_ Last Name First Name MI SS# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street Address City State Zip Code

Employee's Name: \_\_\_\_\_ Last Name First Name MI SS# \_\_\_\_\_

Department: \_\_\_\_\_ Office Ext. \_\_\_\_\_

**Applicant's Relationship to Employee:**

- \_\_\_\_\_ Faculty or Staff Member (Full-time)
  - \_\_\_\_\_ Faculty or Staff Member (Full-time/Retired)
  - \_\_\_\_\_ spouse (Copy of Marriage License to Human Resources Dept.)
  - \_\_\_\_\_ Dependent Child (Copy of resent 1040 or 1040A)
- \*\* (Copy of Birth Certificate) - \_\_\_\_\_

Major \_\_\_\_\_ MM/DD/YR Term \_\_\_\_\_

Course Number	Course Name	Credit Hours	Semester/Year Day of Week	Start Time
<b>Total Hours Requested</b>				

I certify that the above names individual is a member of my immediate family. I understand that the remission is for tuition only and that the comprehensive fees are due at the time of registration. Further, I have received and read a copy of the Tuition Remission benefit program policies.

Employee Name (Print) \_\_\_\_\_  
 Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section for Human Resources Only**  
 Hire Date: \_\_\_\_\_  
 HR Representatives Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section for Registrar Office**  
 Verification of Grade Point Average: \_\_\_\_\_  
 Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section for Financial Aid**  
 Financial Aid Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section for Vice President of Business and Finance Only**  
 Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 \_\_\_\_\_  
 Vice President of Business and Finance Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For all employees in the department of Financial Aid and continuing education/lifelong learning all signatures of approval are required before processing

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Division Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Executive Vice President of College: \_\_\_\_\_ Date: \_\_\_\_\_