



# Hampshire College

## Application for Tuition Remission

Please print clearly and complete all information requested.

### Employee Information

Employee Name \_\_\_\_\_

Home Address \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

Date of Hire: \_\_\_\_\_ FTE: \_\_\_\_\_  Faculty  Administrator  Staff

Extension \_\_\_\_\_ Home Telephone (      ) \_\_\_\_\_

### Student Information

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to employee: Son \_\_\_\_\_ Daughter \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ SS# \_\_\_\_\_

Student will be enrolled in: Academic Year: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

### Procedures and Policy for Tuition Remission Benefit

Employee must submit the following items to insure processing:

- application for tuition remission
- supply proof of the dependent's age (i.e. driver's license, birth certificate, when first applying)
- supply official verification that the child is a dependent (copy of most recent tax return, provided once a year)
  
- I have reviewed and understand the Tuition Remission Policy as stated in the Hampshire College Policy Manual, and have discussed any questions regarding this policy with Human Resources.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee's Signature

### Human Resources Certification

Semester # \_\_\_\_\_  Proof of age  Proof of dependent status

General Ledger 90-033001-62461 FTE: \_\_\_\_\_

Certified by \_\_\_\_\_ Date: \_\_\_\_\_

### Business Office Certification

Fall Semester Total Tuition Remission Allowed \$ \_\_\_\_\_ @ \_\_\_\_\_ FTE

Spring Semester Total Tuition Remission Allowed \$ \_\_\_\_\_ @ \_\_\_\_\_ FTE

Certified by: \_\_\_\_\_ Date: \_\_\_\_\_