# FISK UNIVERSITY

## Employee Tuition Remission Form

Fisk University provides educational assistance for employees interested in taking courses at the University. Please refer to the employee handbook for details and eligibility requirements. This form must be completed in signature order. Each item on the form must be certified. **Failure to meet registration deadlines, etc., may nullify all certifications and participation in the program for the semester.**

_____ _____
Employee Name Social Security Number

_____ _____
Position Title Date of Hire

_____
Department/Division

Type of Degree: _____
Associate: _____ Bachelor: _____ Master: _____
Course Title(s): _____
_____

Semester: Fall 200____ Spring 200____

Course Dates: Begin: ____/____/____ End: ____/____/____

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|---|---|---|
| 1 | The above named individual is a University employee and is eligible to participate in the University's tuition-free program | Signature and Date<br>Director of Human Resources |
| 2 | The above named individual has been approved and budgeted to take courses at Fisk for the aforementioned semester. | Signature and Date<br>Supervisor |
| 3 | The above named individual has financial approval to apply for the tuition waiver for the aforementioned semester. | Signature and Date<br>Budget Analyst |
| 4 | The above named individual has completed registration for the aforementioned semester. | Signature and Date<br>Assistant Registrar |
| 5 | The above named individual has on file a completed financial aid application (FAFSA) for the aforementioned semester. | Signature and Date<br>Executive Director for Financial Aid |

_____ _____
VP for Finance and Chief Financial Officer Date

The completed form must be returned to:
The Office of Human Resources
Carnegie Hall, 2nd Floor

Copies provided to: ___Financial Aid ___Student Accounts
___Administrative Services ___Registrar's Office

**A Tuition Remission Form must be completed for each semester of study.**

Revised 12/2011