

FISK UNIVERSITY

Dependent Tuition Remission Form

This form must be completed, in the numerical order of the items, by dependent to participate in the University's tuition-free program benefit. The completed certification form must be returned to the Office of Administrative Services.
EACH ITEM ON THIS FORM MUST BE CERTIFIED.

***A CERTIFICATION FORM MUST BE COMPLETED BEFORE CLASSES BEGIN AT THE BEGINNING OF EACH ACADEMIC YEAR.**

Name of Individual Applying for benefit: _____
 Social Security Number: _____
 Employee's Name: _____

1.	The above named individual is the dependent of a qualified, full-time University employee and is eligible to participate in the University's tuition-free program.	Signature and Date VP & CHRO
2.	The above named individual has financial approval to enroll for the academic year 20__ - 20__	Signature and Date Purchasing and Budget Manager
3.	The above named individual has been admitted to Fisk University as a full-time/part-time student for the academic year 20__ - 20__.	Signature and Date Dean of Recruitment and Admission
4.	The above named individual has on a file a completed financial aid application for the academic year 20__ - 20__.	Signature and Date Director of Financial Aid
5.	The above named individual has completed registration for the fall semester of the academic year 20__ - 20__ and has indicated that he/she plans to enroll _____ will not enroll _____ for the next semester.	Signature and Date University Registrar
6.	The above named individual has received a validated Fisk Student ID card for the academic year 20__ - 20__.	Signature and Date Director of Campus Safety

 VP for Finance & Accounting and Chief Financial Officer

 Date

Copies provided to:

___ Financial Aid Office
 ___ Human Resources Office

___ Student Accounts/Business Office
 ___ Registrar's Office