NWHSU REQUEST FOR TUITION REMISSION

Upon obtaining authorization, this application must be presented for approval to the Human Resources office. A new application must be completed for each trimester.

ACADEMIC INFORMATION

1. Academic Year: 20____
   Trimester for which tuition remission is requested: ❍ Fall ❍ Winter ❍ Summer
   ❍ Other _____

2. Enrollment Status:
   ❍ Undergraduate ❍ Graduate
   ❍ Other _____

3. Academic Program:
   ❍ Chiropractic ❍ Masters in Acupuncture
   ❍ Massage Therapy ❍ Master in Oriental Med
   ❍ Pre-Professional ❍ Other_____

STUDENT INFORMATION

4. Student is:
   ❍ Employee (skip #5)
   ❍ Spouse (Dependent Certification Form Required)
   ❍ Child*, Date of birth ____/____/____
   (Dependent Certification Form Required)

5. Student Name (Last Name, First Name, MI):
   (Leave blank if student is employee)
   _____
   (Please print)

EMPLOYEE INFORMATION

6. Employee Name (Last Name, First Name, MI):
   _____
   (Please print)
   Employee ID Number: _____

7. Employee Original Date of Hire or Reinstatement: ____/____/____

8. Active Employee is Employed:
   ❍ Full-time (75% - 100%)
   ❍ Part-time, _____%
   (Enter % if employed less than 100%)

9. Retired/Deceased Employee was Employed:
   ❍ Full-time (75% - 100%)
   ❍ Part-time, _____%
   (Enter % if employed less than 100%)
   Retired from NWHSU on: ____/____/____

NOTES

I hereby certify that:

1. The information given above is accurate;
2. If request for tuition remission is being made for spouse/child, that spouse/child is not a part-time (50% or more) or full-time, regular employee of NWHSU nor appointed as a graduate fellow or non-stipend scholar;
3. For spouse or child(ren), the amount of tuition remission will be noted on my paycheck stub and will be taxed if taking graduate courses;
4. I have read and understand the tuition remission policy and guidelines.

_____ _____
Employee Signature Date

Approvals by the employee's Department Manager and the Dean of the program the employee/student is requesting tuition remission for are required prior to submitting this form to Human Resources

APPROVED BY:

_____ _____
Department Head Date

_____ _____
Program Dean Signature Date

_____ _____
Director of Human Resources Signature Date