TUITION REMISSION AGREEMENT

Please refer to* Policies and Guidelines for Tuition Remission, Assistance, and Exchange Programs *in your Faculty Handbook/Policy & Procedure Manual for details about this benefit.

Application deadlines are as follows:
July 15 - Fall Semester
December 15 - Spring Semester
May 1 - Summer Semester

(Employee Complete/Please print)

Employee Name:_____ **Date of Hire:** _____

Student Name: _____

Relation to Employee: _____ **Date of VWC Admission:**_____

(Student Complete/Please Print)

I plan to enroll in the _____day or _____evening (select one) program during the semester/year: _____. I will be a ____part time or a _____full time student (select one.) If part-time, I plan to register for _____ (number) credit hours.

I have read the *Policies and Guidelines for Tuition Remission, Assistance, and Exchange Programs* and agree to abide by my obligations in accepting this benefit.

_____ _____

Student Signature **Student SSN**

_____ _____

Employee Signature **Date**

Supervisor Approval (when student is employee): _____

Date: _____

Human Resource Approval: _____ **Date:** _____

cc: Business Office