

Elizabethtown College

Graduate Tuition Remission Eligibility form for EMPLOYEES

This request form must be completed and submitted to Human Resources prior to the start of each academic year in which remission is requested.

Send the completed form to HR (hr@etown.edu).

➤ Employee Information

Name: _____ ID #: _____

Email Address: _____ Phone: _____

Address: _____ City, State, ZIP _____

Status: ☐ Full-time ☐ Part-time* Full-Time Hire Date: _____ Dept: _____

**part-time employees are not eligible for this benefit*

➤ Graduate Tuition Remission

Semester and Year: _____ Is this for a study abroad semester?* ☐ Yes ☐ No

SGPS Session: _____ Course Name: _____

SGPS Session: _____ Course Name: _____

SGPS Session: _____ Course Name: _____

SGPS Session: _____ Course Name: _____

**Study abroad must be a requirement of the major in order to use tuition benefits*

- 100% of tuition remission is provided for all graduate programs offered through our School of Graduate and Professional Studies (SGPS). The full discount applies to a maximum of one course per semester or nine credits annually. Employees exceeding nine credits annually would be eligible for the traditional 50% tuition remission. The Business Office will bill the employee directly.
- Benefit eligibility approval does not guarantee admission into the graduate program. Admission into the graduate program is determined by SGPS.
- By signing below, it signifies that I understand that if I do not pass or complete a course, I will be responsible for reimbursing the College for costs incurred for the course. My signature provides authorization for my course grades to be released to Human Resources. My signature also signifies that I am aware of the full policy which can be found in the employee handbook.

➤ **Employee's Signature:** _____ Date: _____

I certify that the information contained in this form is true and accurate.

➤ **Approval** (to be completed by Human Resources)

☐ Eligible ☐ Non-eligible Reason for non-eligibility: _____

Signature of HR representative: _____ Date: _____

Cc: Requesting Employee, Financial Aid, Business Office, SGPS