Elizabethtown College

SGPS Undergraduate Tuition Remission Form for **Employees, Spouses, and Dependent Children**

This form must be completed after the employee, spouse, or child has applied for admission and submitted to Human Resources prior to the start of any semester in which remission is requested.

Send the completed form to HR (hr@etown.edu). Employee Information Name: _____ ID #: _____ Email Address: _____ Phone: _____ _____ City, State, ZIP _____ Address: Status: 🗌 Full-time 🗌 Part-time* Full-Time Hire Date: _____ Dept: _____ *part-time employees are not eligible for this benefit This request is for: Employee Spouse Child **Spouse or Child Information** (only complete this section if your request is for your spouse or child) Last 4 digits of SS#: Name: Email Address: Phone: Part-time Full-time Enrollment Status: List major if full-time: Tuition Remission (for undergraduate education) SGPS Session: _____ Course Name: _____ Course Name: SGPS Session: SGPS Session: Course Name: SGPS Session: Course Name: *Study abroad must be a requirement of the major in order to use tuition benefits

My signature provides authorization for my/my spouse's/child's 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 and Faculty handbooks.

 Employee's Signature:
 Date:

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

> Approval	(to be completed by	Human Res	ources)	
Approved	Disapproved	Reasor	n for Disapproval:	: _
\$20 fee to be ass	sessed for course:	🗌 Yes	🗌 No	
Signature of HR	representative:			