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.

➤ Employee Information Send the o	ompleted form to HR (hr@etown.ed	u).
Name:	ID #:Phone:	
Email Address:		
Address:	City, State, ZIP	
Status: Full-time Part-time	Hire Date:	Dept:
➤ This request is for: ☐ Employee ☐ Spous	se Child	
> Spouse or Child Information (only co	omplete this section if your request	is for your spouse or child)
Name:	Last 4 dig	
Email Address:		Phone:
Enrollment Status:	List majo	or if full-time:
	Course Name: Course Name: Course Name: Course Name: abroad must be a requirement of	of the major in order to use tuition benefits
My signature provides authorization for my/my spouse also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also signifies that I am aware of the full policy which can be also significant to the significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy which can be also significant to the full policy	an be found in the Employee and Fa	
> Approval (to be completed by Human Resou	rces)	
☐ Approved ☐ Disapproved Reason for	or Disapproval:	
Signature of HR representative:		Date:

Cc: Requesting Employee, Financial Aid, Business Office