## Elizabethtown College

## **Tuition Remission/Exchange Request Form for Dependents**

This form must be completed after the dependent has applied for admission to the corresponding school(s) and submitted to HR prior to the start of any semester in which remission is requested OR prior to the start of any academic year in which TE or CIC is requested. *The tuition remission section of this form must be completed for dependents that have applied or plan to apply to Elizabethtown College, even if TE or CIC is also being requested.* Please send the completed form to HR (<a href="mailto:hr@etown.edu">hr@etown.edu</a>).

<b>Employee Information</b>							
Name:	ID #:	E-mail:			Phone:		
Address:	City:			State:	-	Zip:	
Status: □Full-time □Part-time	Full-time Hire Dat	e:		Dept:			
*Part-time employees are not eligible for this benefi	t			_			
<b>Dependent Information</b>							
Name:		E-mail:					
Date of birth:		Last 4 di	gits of SS#:				
Student's year (i.e. first yr, soph, grad yr):			Student'	's major:			
Please read the following policy requirements	and check the appr	opriate box.					
<ul> <li>The student is claimed as a dependent on n</li> </ul>	ny federal income t	ax return	□Yes		No		
<ul> <li>The student is unmarried.</li> </ul>			$\square$ Yes		No		
<ul> <li>The student is my biological, legally adopted</li> </ul>	d/appointed child,	or stepchild.	$\square$ Yes		No		
<ul> <li>The student is under the age of 26.</li> </ul>			$\square$ Yes		No		
<ul> <li>The student has the same principal place of</li> </ul>	residence as me.		$\square$ Yes		No		
<ul> <li>The student has registered/applied for the</li> </ul>	upcoming semeste	r.	$\square$ Yes		No		
Tuition Remission for undergraduate edu Semester and Year:		g Etown Coll a study abroa		?* □Υ	es □No	*Study abroad must be a requirement of the major in ord to use tuition benefits	
Important: As of July 2024, employees and their depend	<del></del>	•				-	
The EZ-App is for new applicants only, not renewals.							
<b>Tuition Exchange and Council of Independ</b>	lent Colleges						
			Council of Independent Colleges (CIC) / <u>www.cic.edu</u> Academic Year:				
☐ <i>Renewal</i> for TE School:		_ □ Renewa	for CIC S	chool:			
☐ <i>New</i> request for TE (complete below)		_ □ <i>New</i> red	quest for CIC	(comple	te below)		
			School(s) to which student would like to apply for CIC (attach or				
apply to an initial maximum of 20 schools)		list additio	nal schools d	on the ba	ck of this f	form if necessary)	
1. 6.		1.			6.		
<b>2</b> . 7.		2.			7.		
3. 8.		3.			8.		
4. 9.		4.			9.		
5. 10.		5.			10.		
My signature provides authorization for my depend I am aware of the full policy which can be found in	_			sources. N		re also signifies that	
Employee's Signature:					Date:		
This section to be completed by Human Resou	rces						
□Approved □Disapproved Notes:							
Signature of HR representative:					Date:		