

FACULTY / STAFF TUITION REMISSION CERTIFICATE OF ELIGIBILITY

Employee Name

Department

Employee Dependent

Dependent Name

Student ID -required

College Attending

Program / Degree

Semester / Year

Form Due:
Spring Semester: Jan 2
Summer Semester: May 15
Fall Semester: Aug. 1

Units-required

Total Cost - REQUIRED

(Maximum of 1 course / 4 units per semester for employees; dependents eligible for 8 FTE semesters of undergraduate course work, or 6 FTE semesters of graduate course work, but are not covered for Doc. Study or Cont. Reg) ****Please refer to CGU tuition Benefit Policy for full explanation of benefits.** - On-line Courses & programs and audit courses are not covered by tuition remission.**

Is dependent student receiving any tuition fellowship

*By accepting tuition remission - benefit eligible staff and their dependents forfeit any tuition fellowship offered by CGU, or any of the Claremont Colleges.

Does the student currently hold a Bachelor's degree?

By signing this tuition remission form, I have understood and agreed to the following:

- Read the Tuition Policy
- That CGU will only pay for a "C" grade or better
- I understand that a new form is due each semester
- I must stay actively employed through the entire semester to remain eligible for tuition payment
- An incomplete will not allow me to register for the next semester
- This is for tuition only, all other fees are my responsibility
- I understand that graduate tuition maybe a taxable benefit
- Any work time missed will be made up within the week

Employee Signature Date/Time Field

I am aware that the employee must make up any hours missed within the same week

Reviewed by Supervisor Date/Time Field
Supervisor Signature

Office of Human Resources Date/Time Field

The above application is approved for 100% 50% Taxable Tuition: Yes No

The above student has successfully completed his/her course work with a minimum "C" grade.

Attending College Registrar or Student Accounts Signature Date _____

Evidence of completed course work has been received and payment is approved.

Debit Account Number: _____ Tuition Benefit \$ _____

Authorized Signature Date _____

Copies to: Human Resources Business Office Student Accounts Employee