

**Instructions: Employee should complete Sections 1, 2, 3, and 4 before processing Sections 5, 6, and 7.**

**1**

\_\_\_\_\_  
Employee Name University ID Number (UID)

**2**

**Employee Status**

- Faculty
- Professional/Administrative
- Classified
- Retired
- Deceased
- Air Force ROTC
- Army ROTC

**Student Status**

- Employee
- Spouse
- Son
- Stepson
- Daughter
- Stepdaughter
- Other (explain) \_\_\_\_\_

**Student Level**

- Undergraduate
- Graduate
- Nondegree

**Quarter**

- Fall
- Winter
- Spring
- Summer
- A  B  C
- Year 20 \_\_\_\_\_

**3**

\_\_\_\_\_  
Student Name University ID Number (UID) Student Social Security Number

List courses for which fee remission is requested:

| Course Number | Time/Day(s) | Credit Hours | Check one for each course: |                             |          |
|---------------|-------------|--------------|----------------------------|-----------------------------|----------|
|               |             |              | Undergraduate              | Graduate<br>See note below* | Workshop |
|               |             |              |                            |                             |          |
|               |             |              |                            |                             |          |
|               |             |              |                            |                             |          |
|               |             |              |                            |                             |          |

\*Internal Revenue Code 117(d)(2) indicates that educational benefits at the graduate level for employees, spouses, and dependents shall be included as part of the employee's gross income. Taxes for this benefit will be deducted from the employee's last paycheck in the quarter in which the graduate-level course was taken.

**4**

**Employee Verification:** I hereby certify that this application for fee remission is for myself, my spouse, my son, my stepson, my daughter, my stepdaughter, or other (as explained above), who is eligible to be claimed as a deduction on my federal tax return. I understand that this fee remission is subject to later audit and verification and that if not verified for required employee and dependency status, I will be billed for tuition and fee costs.

\_\_\_\_\_  
Employee Signature Date

**5**

**Department Approval:** If the student is an employee of the university, the supervisor's signature is required to indicate approval of the time(s) and course(s) listed in Section 3, if they are held during regular working hours.

\_\_\_\_\_  
Department Name Department Number

\_\_\_\_\_  
Signature of Approving Authority Title

**6**

**Human Resources Department**

**Employment Verification:**

\_\_\_\_\_  
Fee Remission Account Number Original Date of Appointment

\_\_\_\_\_  
% FTE on first day of classes Employee Status Verified by Date  
Subject to later audit

**7**

**Bursar:** \_\_\_\_\_  
Total Charges Amount Paid Amount Applied to Employee Benefits

**Bursar Use**

**8**

**Payroll:** \_\_\_\_\_  
Amount Taxable Employer City Tax Residence City Tax Medicare Tax School District Tax