

WRIGHT STATE UNIVERSITY

Application for Special Fee Remission Authorization

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 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
Subject to later audit

Employee Status Verified by _____

Date _____

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