MUHLENBERG
COLLEGE

Tuition Remission

Muhlenberg Employee: _____

Date of Hire: [ ] *(Two calendar years of service required for eligibility.)*

Student's Name: _____

Social Security Number: - -

Relation to Employee:	❑ **Self** ❑ **Spouse** ❑ **Dependent Child**
Semester:	❑ **Fall 20 _ _** ❑ **Spring 20 _ _** ❑ **Summer 20 _ _**

Offering College:
- ❑ **Day**
- ❑ **Wescoe School**

Type Of Course:
- ❑ **Earned Units**
- ❑ **Audit**

Number of Courses Requested for remission: _____
(*Limit: Two Per Semester)*

Course (1)
Number: _____
Title: _____

Course (2)
Number: _____
Title: _____

The cost of Tuition may be remitted for eligible dependents (spouse/children) and employees who attend Muhlenberg College. The Program and its guidelines are fully explained in a policy statement available in the Human Resources Office.

Approved for Tuition Remission: _____
VP, Human Resources ***Date***

Comments:

Costs in addition to Tuition are paid by the student. Please make arrangements with the Controller (Cashier) for payment. Employees who terminate employment will be billed for a pro-rated share of current tuition costs that have been remitted prior to termination.

APPROVED FORMS ARE TO BE SUBMITTED TO THE CONTROLLER'S OFFICE FOR PROPER ACCOUNT CREDITING.