

TRINITY UNIVERSITY APPLICATION FOR TUITION BENEFITS

Employee's Name		Social Security #	Department
		Email Address	Date of Hire
Check all that apply: _____ Faculty _____ Contract Staff _____ Classified Staff			
_____ Full Time _____ Part Time _____ Retired _____ Other			
If other, please explain:			
For Whom is this application being filed? _____ Employee _____ Dependent Child _____ Spouse			
IF THIS APPLICATION IS BEING FILED FOR YOURSELF, COMPLETE THE FOLLOWING:			
TYPE OF STUDY: _____ Undergraduate _____ Graduate		This application is for: _____ Fall _____ Spring _____ Summer	
COURSE # _____ COURSE NAME: _____		_____ Number of Hours Enrolled	
PLEASE NOTE THAT EMPLOYEES MUST OBTAIN SUPERVISOR'S APPROVAL BEFORE TUITION REMISSION CAN BE AUTHORIZED			
Supervisor's Approval: Name:		Supervisor's Signature:	Date:
IF THIS APPLICATION IS BEING FILED FOR A DEPENDENT CHILD OR SPOUSE, COMPLETE THE FOLLOWING:			
Indicate One: _____ Is Student _____ Child OR _____ Spouse?		If Child, please indicate date of birth: If Child, child's email address: _____	
Student's Name:		Student's Social Security Number:	
This application is for: _____ Fall _____ Spring _____ Summer _____ Number of Hours Enrolled		TYPE OF STUDY: _____ Undergraduate _____ Graduate _____ Tuition Remission _____ Tuition Exchange (If Tuition Exchange, must complete "Request for TE (Export)" form in Financial Aid)	
<i>Please note: children age 25 or older before or on the first class day of a semester are not eligible for this benefit.</i>			
If claiming tuition waiver for a child, was this child claimed as a legal exemption on your most recent federal income tax return? ___Yes ___No			
Has dependent child had a break in degree program? _____ Yes _____ No			If yes, how many semesters? _____
Has student earned an undergraduate degree? _____ Yes _____ No			
Employee's/Student's Signature			Date:
FIRST TIME APPLICANTS: Return completed form (including signatures) to: <i>Office of Human Resources Northrup Hall, Room 108</i>		ALL OTHER APPLICANTS: Return completed form (including signatures) to: <i>Office of Human Resources Northrup Hall, Room 108</i>	
Return a copy of this completed form along with the Application for Special Admissions to: <i>Office of Admissions</i>			
Human Resources Office Use Only:			
_____ Staff/Faculty	Semester Approved:	_____ 100%	
_____ Dependent Child	_____ Fall		
_____ Spouse	_____ Spring	_____ 50%	
	_____ Summer		
Number of Hours Approved:	Type of Study:	_____ Undergraduate _____ Graduate	
HR Approval Signature & Date:		Tuition Remission Amount:	
		Date Entered on AIDE:	
		FAC Signature	
Office of Financial Aid Use Only:			
_____ IRMTS _____ IRMTD _____ IRMTP _____ Tuition Exchange			

Once completed by Human Resources: White – Financial Aid Yellow – Human Resources Pink - Employee