# Human Resources Tuition Remission Voucher

Spring 2013

Submit forms by Monday, January 14, 2013

(Please fill out form electronically/online completely before printing)

**Employee's Name** _____ **Date of Hire** _____

**Employee's ID #** _____ **Department** _____

**Employee's Email** _____ **Job Classification** Administrator FT

**Student's Name** _____ **Relationship** Self

**Student's ID #** _____ **Academic Term** Spring 2013

| List all courses for which to apply credit to, ALL fields are required | | | | (Office use only) | |
|---|---|---|---|---|---|
| CRN | Course Listing (ex. ACCT 210-01) | Credit Hours | Level | Date Registered | % Approved |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | PRINT & SIGN | |
| | Total Credit Hours Applied For | 0 | | | |

I have read and understand the tuition remission benefits applicable to my job classification and agree to reimburse Roosevelt University for any amount of tuition discount I receive to which I am not entitled. I hereby authorize Roosevelt University to collect any tuition not covered by tuition remission via payroll deduction. I agree that I have paid all registration fees, understanding that I will not be approved for tuition remission until all fees are paid and that I may be dropped from said classes should I fail to do so. I further understand that failure to submit all of the completed paperwork by the appropriate approval deadline will result in the tuition remission benefit being denied for that term.

I understand that I may be subject to graduate tuition tax on any graduate coursework that exceeds the excludable amount of $5,250 set forth by section 127 of the tax code. I understand that taxed benefits will be withheld during the term in which the graduate courses are taken. Graduate tuition benefits taken by a spouse and/or dependent children of employees are not eligible for the $5,250 exclusion.

**Employee Signature** _____ **Date** _____

**FOR DEPENDENT TUITION:** I am aware of the tuition grant programs of the Illinois Student Assistance Commission (ISAC) and the Pell Grants. If there is any possibility my child, spouse, or domestic partner may be eligible, I will encourage him/her to apply for it.

**Employee Signature** _____ **Birth Date of Dependent** _____

**Dean Signature (if Faculty)/**
**Dept. Head Signature (if Staff)** _____ **Date** _____

Upon approval by your department head or dean, tuition remission requests submitted to **Human Resources (AUD 846)** must include:

- **Receipt of payment for all fees**
- **Grade report for most recently completed term (if continuing student)**

You will be notified via the e-mail address provided on this form as to the status of this request.

**Human Resources** _____ **Date** _____

Revised 10/31/2011