



EASTERN NAZARENE COLLEGE DEPENDENT/SPOUSE TUITION REMISSION APPLICATION

This form is to be completed for each semester of attendance. The student must attach a copy of the class schedule to this Tuition Remission Application and submit both to the Office of Human Resources.

Employee Name: _____

Employee Hire Date: _____ End of Employment Date: _____

Student Name: _____

Relation to Employee: _____ Student's Date of Birth: ____/____/____
MM DD YYYY

Check One: Undergraduate
 Certificate Program
 LEAD AA
 LEAD BS/BA
 LEAD MSM
 Other _____

Check One: Fall Semester 20____
 Jan. Only Term 20____
 Spring Semester 20____
 Summer Session 20____

My Signature below indicates that I have read and understand the Tuition Remission Policy statement and that the eligibility requirements set forth therein have been met. The Director of Human Resources has explained the specific areas of the policy and explained how it relates to my specific circumstances. I understand that tuition remission up to **135 credit hours** may be granted only after applications for scholarships and grants for which the student may be eligible have been submitted. I am aware of my duties and responsibilities as it relates to receiving Tuition Remission and agree to the terms of the policy.

Employee Signature: _____ Date: _____

Student Signature: _____ Date: _____

Director of HR Signature: _____ Date: _____