



# EASTERN NAZARENE COLLEGE EMPLOYEE TUITION REMISSION APPLICATION

**This form is to be completed for each semester of attendance.** A copy of the class schedule must be attached to this Tuition Remission Application and submit both to the Office of Human Resources.

Employee Name: \_\_\_\_\_

Employee Hire Date: \_\_\_\_\_ End of Employment Date: \_\_\_\_\_

Reporting Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible VP Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**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 my two year service requirement when receiving Tuition Remission and agree to the terms of the policy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_