



Howard University Remission of Tuition Application Form

PLEASE REVIEW THE "POLICY STATEMENT ON REMISSION OF TUITION BENEFITS" PRIOR TO COMPLETING THIS FORM.

I. Type of Remission

Please check the box next to the appropriate description of the student.

- University Employee/Self University Dependent Hospital Employee Hospital Dependent
 Retiree Retiree Dependent Deceased Employee Dependent

Term

Please check the box next to the semester and enter the respective year tuition remission is requested for.

- Fall Spring Summer I Summer II 20_____

II. Employee Data

Please enter requested information above line and check appropriate boxes.

Last Name:	First Name:	Middle Initial	PeopleSoft ID#
Email Address	Phone Number	Original Date of Hire	Department
Employment Type (check one):	<input type="checkbox"/> Faculty	<input type="checkbox"/> HUH Staff (union)	<input type="checkbox"/> Retiree (Date of Retirement: / /)
	<input type="checkbox"/> University Staff	<input type="checkbox"/> HUH Staff (non-union)	<input type="checkbox"/> Deceased (Date of Death: / /)
	<input type="checkbox"/> Other: _____		
Salary Type (check one):	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Half-Time:	

III. Student Data

Please enter requested information above line and check appropriate boxes.

Last Name:	First Name:	Middle Initial	Email Address
Student ID#	Date of Birth		
Classification (check one):	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior
	<input type="checkbox"/> Senior	<input type="checkbox"/> Graduate/Professional	
School/College (check one):	<input type="checkbox"/> Arts & Sciences	<input type="checkbox"/> Business	<input type="checkbox"/> Communications
	<input type="checkbox"/> Education	<input type="checkbox"/> Engineering, Architecture & Computer Sciences	<input type="checkbox"/> Divinity
	<input type="checkbox"/> Nursing & Allied Health Sciences	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Graduate School
			<input type="checkbox"/> Social Work

Semester Course Schedule (Employees Only)

Course Title	CRN	Credit Hours	Time
TOTAL CREDIT HOURS:			

Semester Course Schedule (Dependents /Retirees Only)

	TOTAL CREDIT HOURS:
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ATTESTATION: To secure remission of tuition, I certify that Howard University currently employs me as faculty or staff, and has employed me for at least one year of continuous service (excluding service as a Teaching Assistant, Teaching Fellow, Graduate Assistant, Assistant Instructor, or similar student positions which are not eligible for this benefit). I have been advised that to remain eligible for benefits, the enrollee must maintain good academic standing as defined by the University and that Howard University reserves the right to demand immediate restitution and/or benefit termination for all ineligible recipients found to have submitted a false claim for remission of tuition benefits. *I understand that a new application must be completed for each semester, including summer session, I have also read and understood the University's "Policy Statement on Remission of Tuition Benefits" (available online at <http://www.hr.howard.edu/Policies/TuitionBenefits/Default.htm>)*

SIGNATURES

Employee: _____ Date: ___/___/_____
 Dependent: _____ Date: ___/___/_____
 Department Head/Designee: _____ Date: ___/___/_____
 Authorized HR Representative: _____ Date: ___/___/_____ Date Sent to Office of Student Financial Aid: ___/___/_____