ECKERD COLLEGE
APPLICATION FOR TUITION REMISSION

To consider this application for Tuition Remission, please complete and return it to Human Resources 30 days prior to the start of each semester in which the student plans to enroll. For specific questions about the program, please consult the Tuition Remission Policy in the benefits section of the Eckerd College Policies and Procedures Manual.

Employee's Name _____ ID #_____

Title _____ Department _____

Date of hire _____ Number of years as a Florida resident _____

Student's Name _____ ID #_____

Relationship to Employee*_____

Semester and year of entry to Eckerd College _____

Anticipated month and year of graduation _____

Application is for (circle one) Residential College

Program for Experienced Learners (PEL)

Term/Semester (circle one) Fall Spring Summer Year _____

Employee Signature: _____ Date: _____

Approval Signatures:

_____ _____

Human Resources Date Registrar (as necessary) Date

_____ _____

Financial Aid Date Bursar Date

*** To qualify, the employee must provide evidence that the student meets the criteria of "dependent" as defined by the Internal Revenue Service.**