

NORTH CENTRAL STATE COLLEGE APPLICATION FOR TUITION REMISSION

 Credit Remission

 Non-Credit Remission

Date of Request: _____

Semester Requested →	Fall 20 __	Spring 20 __	Summer 20 __
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DEPENDENT/SPOUSE REGISTRATION AUTHORIZATION		
Student's Name:	SS#:	Date of Birth:
Employee's Name:	Employee Department Number:	
Immediate family member is defined as a spouse or child under twenty-five (25) years of age who meets at least one of the following criteria. Please check one.		
<input type="checkbox"/>	Is the child of the College employee.	
<input type="checkbox"/>	Is the legally adopted child of the College employee.	
<input type="checkbox"/>	Is a step-child of the College employee.	
<input type="checkbox"/>	Is a foster child of the College employee living in the same household.	
<input type="checkbox"/>	Is the spouse of a North Central State College employee.	

EMPLOYEE REGISTRATION AUTHORIZATION			
Employee's Name:		SS#:	
Classes (List Course Number/Section/Title)		Credit Hrs.	Time Attending
Days			
1			
2			
3			
Degree Major:		Course Work Toward Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is course required by the College? Yes <input type="checkbox"/> No <input type="checkbox"/>		Course Work Only? Yes <input type="checkbox"/> No <input type="checkbox"/>	

- *I have read and understand the Tuition Remission Policy. Further, I understand the College may randomly monitor these applications and ask for verification of information.*
- *In the event that this is remission for non-credit courses, the supervisor's signature constitutes tentative approval only. Final approval is based on availability and adequate funding, which is determined at the conclusion of final registration.*

Employee's Signature

Date

Supervisor's Signature

Date

TO BE COMPLETED BY HUMAN RESOURCES			
Full-Time	Staff <input type="checkbox"/>	Faculty <input type="checkbox"/>	Part-Time
			Staff <input type="checkbox"/>
			Faculty <input type="checkbox"/>
			Adjunct <input type="checkbox"/>
Percent of Remission:	Applied for FASFA Yes <input type="checkbox"/> No <input type="checkbox"/>	Eligible for Financial Aid? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> Explain:	If no, check reason: Has degree <input type="checkbox"/> Income
Date Received:			
Approval/Human Resources:			