TUITION REMISSION GRANT REQUEST

Quarter/Aid Year: _____

School/ Program: SOT / SOP / SIS / DMIN / DIS (DMISS)

Employee Information:

Employee Name:	G#:
Department:	Faculty or Staff:
Full-Time Hire Date: (40 hours/week)	Remission % Eligibility*:

* NOTE: Please refer to Faculty Handbook section 14.24 for faculty or <u>HR Policy Manual section 8.18</u> for staff

Student Information:

Student Name:	G#:
Relationship to Employee:	
(Self/ Spouse/ Child)	

Course(s) Information:

CRN	Catalog #	Course Name	Units	Location	Time

NOTE: Please refer to the <u>HR Policy Manual</u> for courses scheduled during an employee's normally scheduled workday and submit a "Petition to Apply Tuition Remission to a Class Scheduled during a Full-Time Employee's Normally Scheduled Workday," along with this form.

Please initial one applicable statement:

_____ I am applying for tuition remission for my own education in courses at the graduate level, and the courses qualify as a "working condition fringe benefit," which means: the courses are required by law or the Institution for me to keep my present job OR maintain or improve skills required for my current employment, AND the courses will not qualify for the minimum educational requirements for my current position, AND the courses will not qualify me for a new trade or business.

_____ I am applying for tuition remission for my own education in courses at the graduate level which do not qualify as a "working condition fringe benefit" as the term is used in the Internal Revenue Code, and I understand that I will be taxed for the value of the tuition remission that exceeds \$5,250.

_____ I am applying for tuition remission for the education of my spouse or child or stepchild in courses at the graduate level, and I understand that I will be taxed for the full value of the tuition remission.

I have read and understand the current Tuition Remission Policy, and accept its terms and conditions. The information I have provided here is true and accurate. I also understand that any taxable benefits are generally applied at the end of the calendar year, and are added to my W-2. I understand that Fuller, including any of its employees, does not provide tax advice.

Employee's Signature (faculty/staff):	Date: /	/	
	(mm/dd/yy)		

** Employee's supervisor <u>MUST</u> sign approval for faculty, staff, or dependents, confirming eligibility (FT status, not on leave, etc.), and that any work coverage issues have been addressed.

Supervisor's Name: ______ Supervisor's Signature: _____

DEADLINE: Tuition remission grant requests should be completed and returned to the Student Financial Services Office by Friday of the 2nd week of the quarter in order to be considered.