

# Application for Tuition Remission

Notre Dame of Maryland University • Office of Human Resources  
4701 North Charles Street • Baltimore, MD 21210 • (410) 532-5898 • Fax (410) 532-5785

**Rules for Employees:**

1. In order for Tuition Remission Applications to be considered, they must:
  - Be submitted to the Office of Human Resources *at least two weeks prior to the start of the semester. Applications submitted after the deadline may not be approved.*
  - Have a copy of your *registration form and receipt of your paid registration fee. Applications missing this information will not be accepted.*
  - Use a separate form for *each semester and indicate the semester and year. Applications missing info or that have multiple semesters will be returned to the employee for correction.*
2. In the event the student is receiving financial aid in addition to tuition remission, the University reserves the right to determine the amount of the tuition remission benefit.
3. It should be recognized that there are financial limits on the total dollars available for education benefits. If the request for education benefits exceeds the budgeted dollars available, eligibility will be determined by adjusted seniority.
4. For eligibility rules, courses available and amount of tuition remission, please see the Tuition Remission policy in the handbook
5. **If you add, drop or withdraw from a class, you must notify the Office of Human Resources immediately.**

PART I – EMPLOYEE INFORMATION		
Name: _____	Social Security #: _____	Hire Date: _____
Department: _____	Supervisor: _____	
PART II – EMPLOYEE REMISSION – PLEASE USE A SEPARATE FORM FOR EACH SEMESTER		
Are you receiving any other type of financial aid?    ___ Yes ___ No    Program: ___ Day ___ CAUS ___ Grad ___ Ph.D.		
Semester ( <b>Indicate Year</b> ):    Fall ___ Winter ___ Spring ___ Summer ___    Total # Credits: _____		
PART III – SPOUSE/DEPENDENT REMISSION INFORMATION – PLEASE USE A SEPARATE FORM FOR EACH SEMESTER		
Name: _____ Social Security #: _____		
Relationship to employee?    ___ Spouse ___ Dependent Child		
Are you receiving any other type of financial aid?    ___ Yes ___ No    Program: ___ Day ___ CAUS ___ Grad ___ Ph.D.		
Semester ( <b>Indicate Year</b> ):    Fall ___ Winter ___ Spring ___ Summer ___    Total # Credits: _____		
PART IV – SIGNATURES & APPROVAL – COMPLETED FORMS GO TO HUMAN RESOURCES		
By signing this form, I acknowledge that I have read and understand the Tuition Remission policy.		
	_____ Employee Signature	_____ Date
Tuition Remission approved at _____ %	_____ Department Head Signature	_____ Date
Amount credited to student account    \$ _____		
Code# _____	_____ Office of Human Resources	_____ Date