

TUITION REMISSION APPLICATION

(Retiree/Dependent, ROTC Employee/Dependent, other non CCHMC employee/dependent)

For additional information about tuition remission refer to the website at bit.ly/uc-benefits.
 Tuition remission University Rules can be found at <http://www.uc.edu/trustees/rules.html>.

This form, along with necessary documentation, should be submitted prior to the term start date. Incomplete applications or applications without proper documentation may result in a processing delay. Tuition remission will not automatically apply when registering for classes on or after the first day of the term. Student Health Insurance will automatically apply unless the student waives this coverage. Please be sure to keep a copy of this form and any attachments for your records.

Submit this form and all the other required documentation, if needed, to tuitionremission@uc.edu.

Section A – Employee/Affiliate/Retiree Information Affiliate (ROTC) Affiliate (other non-CCHMC) UC Retiree

Print Employee's Name:	UC ID (M#):
Employee's email address:	Daytime Phone No.
Full Academic Term (Fall through Summer): 20__ - 20__	Fall only (20__): _____ Spring only (20__): _____ Summer only (20__): _____

Section B – Spouse/Domestic Partner/Dependent Information and Certification. (Please print and list only those who will attend classes.)

Along with this application, please provide the following proof of dependency for your child(ren): your prior year federal tax return showing child(ren) listed as a dependent. **If your child is no longer your tax dependent contact tuitionremission@uc.edu.** If this is your FIRST use of tuition remission for the child(ren): include a copy of the child's birth certificate; for your spouse/partner include marriage certificate or domestic partner documents identified on UC Benefits website above. I have read and understand the university rules regarding tuition remission and the program guidelines found on the links above. I acknowledge the requirements to maintain Satisfactory Academic Progress standards. **(Digital signature is acceptable)**

Name	DOB	M#	Dependent Signature
Name	DOB	M#	Dependent Signature
Name	DOB	M#	Dependent Signature

Section C – Employee/Retiree Certification

I certify that the above information and accompanying documents are true, correct, and complete. I have read and understand the university rules regarding tuition remission and the program guidelines found on the links above. I agree to provide additional verification documents upon request. Should the eligibility status of my spouse, domestic partner or dependent child change, I agree to immediately notify Human Resources. I understand and agree that I will be personally responsible for reimbursing the university for the amount of tuition which was remitted if the student is or becomes ineligible for tuition remission according to the university rule. I am aware that there are certain circumstances when tuition remission is taxable.

Employee Signature (Digital signature is acceptable)	Date
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Section D – Human Resources Use Only

Approve <input type="checkbox"/> Deny	Term: <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> 377	TR Start Date: _____
TR End Date: _____		By: _____ Date: _____	