## BENTLEY UNIVERSITY TUITION REMISSION REQUEST FORM

| Employee Name  |  | Employee ID #  | Date of Hire  |   |  |
|--|--|--|---|---|--|
| Title/Position   |  | Department   | artment Cost Center#  |   |  |
| Student's Name (if not employee)  Student's Date of Birth (if not employee)  |  | Student's ID #   |   |   |  |
|  |  | COURSE YEAR: SPRING<br>FALL WINTER SPRING<br>SUMMER I SUMMER II                    |   |   |  |
| Tuition Remission is requested for:  |  | Self Dependent Child*  |   |   |  |
|  |  | Spouse Qualifi   | ed Domestic Partner   |   |  |
| *For Dependent Children: I declare the applicable) is my unmarried dependent   |  |  | tion Remission Policy, the ab   | pove listed student (if                   |  |
| Graduate Courses: I understand that included in my taxable income. I under related, under current IRS tax code reg course(s) claimed to be job related n Tuition Remission Request Form to I | stand that fees for gra<br>ulations. Employees<br>nust submit a comple<br>Human Resources. | duate courses taken by me<br>seeking exclusion from T<br>eted Graduation Tuition R | may be included in my taxa ruition Remission related to   | ble income if not job<br>axes on Graduate |  |
| Employee's Signature   |  |  | Date  |   |  |
|  | Tuition Fee  |  | Division of Course:   |   |  |
| Course Numbers   |  | % Covered  | Eve. Day  | Grad.                                     |  |
|  | \$   |  |   |   |  |
| <del> </del>   | \$   |  |   |   |  |
|  | \$   |  |   |   |  |
|  | \$   |  |   |   |  |
|  | \$   |  |   |   |  |
| Technology Fee:  | \$   |  |   |   |  |
| Activity Fee:<br>(Fees Paid for Employees Only)  | es Only) \$  |  | A/R Code  |   |  |
| TOTAL TUITION FEES:  | \$   |  | Do not write in this sp   | ace                                       |  |
| BENEFIT ALLOWANCE:   | \$   |  | <u> </u>  |   |  |
| NET AMOUNT DUE:  | \$   |  |   |   |  |
| APPROVED: Please note the ma   | nager signature is   | only required for an en  | nployee's own coursewo  | ork.                                      |  |
| Department Head/Manager  |  |  | THIS APPLICATION MUST BE RECEIVED BY HUMAN RESOURCES 2 WEEKS PRIOR TO THE START OF THE COURSE(S). |   |  |
|  |  | ·  |   |   |  |
| Human Resources Verification Da  |  |  | OF THE COURSE   | <u> </u>                                  |  |
|  |  |  |   |   |  |

Processed by Student Financial Services Date
(PLEASE MAKE A PHOTOCOPY OF THIS FORM IF YOU WISH TO RETAIN YOUR OWN RECORD)