

Dickinson

TUITION REMISSION PROGRAM APPLICATION FORM (to attend Dickinson College)

Name of Employee _____

Department _____ Date of Hire /
Date of Appointment _____

Name of Student _____ Student
Date of Birth _____

Relationship to Employee _____

Academic Year Attending: _____ FALL SPRING SUMMER
(must be completed each academic year)

Is student taking classes for CREDIT or AUDIT?

Exemption Code:

Term:

Is student attending as a high school student? YES NO

Does student currently have a bachelor's degree? YES NO

Tuition remission is available to the employee, spouse, and all dependent children under age 24 of any full-time employee.

I, hereby, certify that this student is myself, my spouse, or my legal dependent child. Additionally, I certify that this student has not previously completed the baccalaureate degree at Dickinson or at another institution.

I have read the College's Employee Handbook and understand the benefits and restrictions of this program.

Employee's Signature

Date

PLEASE RETURN FORM TO HUMAN RESOURCE SERVICES FOR PROCESSING. THANK YOU.
