

ID Number: _____

Tuition Remission
Undergraduate/Graduate Course Request

Name (Bryant Employee) _____

Semester/Year _____ Department _____

Employee/Spouse/Child/Dependent _____
(circle one) Spouse/Child/Dependant-Name _____

Date of Birth(Child/Dependent) _____ Expected Date of Graduation _____

____ Undergraduate
 ____ Full-time ____ Part-time
____ Graduate ____ Lunchtime Course(12-2 PM)
 ____ Full-time ____ Part-time
" _____ Special Session

*Full-time employees are permitted to take 2 courses per semester/5 per year

Course Title Course Number Course Time

If tuition remission is for a dependent, I hereby certify that he/she is a dependent as defined by the Internal Revenue Code and claimed as a dependent on my 20_____ federal income tax return and is under age 23.

***Under IRS regulations, Tuition Remission for graduate level courses totaling more than \$5,250.00 annually is considered to be a taxable employee benefit and will be reported on W2 Wage and Tax statements accordingly.**

Employee Signature Date _____

Approval: Department Head _____ Date _____
 Vice President _____ Date _____
 Human Resources _____ Date _____
 Financial Aid _____ Date _____