



TUITION REMISSION / TUITION EXCHANGE REQUEST

TODAY'S DATE:		OASIS ID#:	
EMPLOYEE NAME:			
ADDRESS:			
POSITION & DEPARTMENT:			
EMPLOYMENT STATUS:	<input type="checkbox"/> FULL TIME EMPLOYEE <input type="checkbox"/> PART TIME EMPLOYEE		
DATE OF HIRE:			
ENROLLMENT FOR:	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE: _____ <input type="checkbox"/> DEPENDENT: _____ Dep. SSN: _____ - _____ - _____ Dep. Date of Birth: ____/____/____ Dependent Email: _____ NOTE: Proof of dependency in the form of your most recent tax return showing the child listed as a dependent, (page one only; financial information and SSN can be blacked out) must be attached.		
FOR WHICH PROGRAM?	<input type="checkbox"/> TUITION REMISSION @ HEIDELBERG UNIVERSITY <input type="checkbox"/> TUITION EXCHANGE: Institution _____ ACADEMIC TERM: <input type="checkbox"/> Fall 20 ____ <input type="checkbox"/> Spring 20 ____ <input type="checkbox"/> Summer 20 ____		
ACADEMIC PROGRAM	<input type="checkbox"/> UNDERGRADUATE: _____ <input type="checkbox"/> GRADUATE: _____		
COURSE INFO: <i>(The number of courses covered by tuition remission may vary by semester. You are responsible for payment of tuition for credits over the maximum allowed by tuition remission. You are strongly encouraged to confirm the amount of remission with the Business Office EACH semester.)</i>	CRN NUMBER	COURSE TITLE	CREDIT HOURS
Heidelberg University employees enrolled in courses for credit must abide by the same policies and procedures of all enrolled students. Please refer to the University catalog and Student Handbook. Employees are responsible for the cost of books and fees associated with their coursework. This form, with all approvals / signatures must be returned to the Business Office PRIOR to registration.			
Employee Signature: _____		Date: _____	
Immediate Supervisor Signature: _____		Date: _____	
VP / Dean Signature: _____		Date: _____	

Date Form Received: _____ Business Office Approval: _____