

TUITION REMISSION / TUITION EXCHANGE REQUEST

TODAY'S DATE:			EMPLOYEE ID#:		
EMPLOYEE NAME:					
ADDRESS:					
POSITION & DEPARTMENT:					
STATUS:	□ FULL TIME EMPLOYEE □ PART TIME EMPLOYEE				
DATE OF HIRE:					
ENROLLMENT FOR:	SELF SPOUSE: DEPENDENT: Dep. SSN: Dep. Date of Birth:/ Dependent Email:				
FOR WHICH PROGRAM?	TUITION REMISSION @ HEIDELBERG UNIVERSITY ACADEMIC TERM: Fall 20 Spring 20 Summer 20 TUITION EXCHANGE: Institution				
ACADEMIC PROGRAM	UNDERGRADUATE: GRADUATE:				
	CRN NUMBER	COURSE TITLE		CREDIT HOURS	
COURSE INFORMATION					
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	9:
Immediate Supervisor Signature:			Date	2:	
VP / Dean Signature:			Date	:	
Date Form Received: Business Office Approval:					