



Office of Human Resources
 One Trinity Place
 San Antonio, TX 78212-7200
 Phone: 210-999-7507
 Fax: 210-999-7542

Tuition Remission Request Form (Study Abroad Not Eligible)

Employee Name: _____ Date of Request: _____

Date of Hire _____ Department: _____ Trinity ID#: _____

FILL OUT THE APPROPRIATE BOX BELOW AND RETURN THE COMPLETED FORM TO THE OFFICE OF HUMAN RESOURCES.

COMPLETE IF REQUEST IS FOR THE EMPLOYEE:

SEMESTER: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring	NUMBER OF HOURS ENROLLED: _____
CLASSIFICATION: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate (TAXABLE) <input type="checkbox"/> Non-Degree Seeking	
COURSE NAME AND NUMBER: _____	
Supervisor Printed Name: _____	
Supervisor Signature: _____	Date: _____

COMPLETE IF REQUEST IS FOR YOUR SPOUSE:

Full Name: _____	Trinity ID#: _____
SEMESTER: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring	NUMBER OF HOURS ENROLLED: _____
CLASSIFICATION: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate (TAXABLE) <input type="checkbox"/> Non-Degree Seeking	
COURSE NAME AND NUMBER: _____	

COMPLETE IF REQUEST IS FOR YOUR DEPENDENT

(A dependent age 25 or older on or before the first day of a semester is not eligible for tuition remission.)

Full Name: _____	DOB: _____
Email: _____	Trinity ID#: _____
Claimed as an exemption on your most recent federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has dependent had a break in degree program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ACADEMIC YEAR: _____ to _____	EXPECTED GRADUATION DATE: _____
(Month/Year)	(Month/Year)
CLASSIFICATION: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate (TAXABLE) <input type="checkbox"/> Non-Degree Seeking	
NUMBER OF HOURS ENROLLED: _____	
SEMESTER: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring	ENROLLMENT STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time*
*If part-time, provide course name and number: _____	

X _____ Date

Employee Signature (Required)

<p style="text-align: center;">COMPLETED BY HUMAN RESOURCES</p> <p><input type="checkbox"/> Summer 20 _____ <input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Spring 20 _____</p> <p>Approved: <input type="checkbox"/> No <input type="checkbox"/> 50% <input type="checkbox"/> 100% #Hours _____</p> <p>Signature & Date: _____</p>	<p style="text-align: center;">COMPLETED BY STUDENT ACCOUNTS</p> <p>Applied to: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring</p> <p>Amount Applied: \$ _____</p> <p>Signature & Date: _____</p>
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