

COLLEGE OF SAINT BENEDICT

ORDER OF SAINT BENEDICT

Conducting Saint John's Abbey, University, Preparatory School, and The Liturgical Press

Request for Tuition Remission through the Tuition Consortia Programs

Date of Request: _____ Academic Year: _____

Employee Name: _____ Employee of: CSB ____ OSB ____

Department: _____ Date of Employment: _____

Student Name: _____ Date of Birth: _____

Class Standing (College next year): Fr.____ Soph.____ Jr.____ Sr.____

Name of College to be attended: _____

Address: _____

City/State: _____ Zip Code _____

I affirm that the student/applicant named is qualified according to the policy effective July 1, 1998, as follows:

1. Is less than twenty-five (25) years old;
2. Is not and has not been married;
3. Is the natural child of a full-time employee **or** a child who was legally adopted prior to age eighteen; and
4. Dependent must be acceptable for admission based on the admission criteria used to evaluate all candidates for admission. (Contact the office of admission for the admission criteria.)

Date: _____

Employee/Parent Signature

CSB Employees should return completed form to the Benefits Office; OSB Employees should return completed form to HR Office

For Administrative Use

If OSB, what division/entity: ____Abbey ____Lit Press ____Prep ____CAS ____SOT ____HMML ____Bible

Employee Class: ____Faculty ____Administrative ____Support

Comments: _____

Initial Eligibility Determined by: _____ Date: _____

Human Resources Office

cc: Human Resources-OSB
Benefits Office-CSB