

**Request for Tuition Remission Program for Institutions other than  
Saint John's University and the College of Saint Benedict**

Date of Request: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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 June 1, 1987 to June 30, 1998, as follows:

1. Is a natural child of the eligible employee, a child who was legally adopted prior to age eighteen, or a stepchild who was designated by name at the time of initial appointment;
2. Is less than twenty-five years old;
3. Is a declared dependent of the employee for Internal Revenue Service purposes;
4. Is not and has not been married;
5. Is enrolled at an accredited two year or four year institution of higher education for the purposes of pursuing a Bachelor's Degree.

\_\_\_\_\_ Date: \_\_\_\_\_

Employee/Parent Signature

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**For Administrative Use**

Division/Entity: \_\_\_\_\_ Abbey \_\_\_\_\_ Lit Press \_\_\_\_\_ CAS \_\_\_\_\_ SOT \_\_\_\_\_ HMML \_\_\_\_\_ Bible

Comments: \_\_\_\_\_

Initial Eligibility Determined by: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Office