

COLLEGE OF SAINT BENEDICT

ORDER OF SAINT BENEDICT

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

Request for Tuition Remission at Saint John's University or the College of Saint Benedict

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. __ So. __ Jr. __ Sr. __

Student will be attending the College of Saint Benedict _____ or Saint John's University _____

I confirm that the student/applicant named, is qualified according to current policy, revised 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 (18); or is declared to be a dependent of the employee for Internal Revenue Service purposes.
4. Dependent must be acceptable for admission based on the admission criteria used to evaluate all candidates for admission. (Contact admissions office for criteria.)

Date: _____

Employee/Parent Signature

CSB Employees should return completed form to the Benefits Office; OSB Employees should return completed form to the 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
 CSB Student Accounts (as appropriate)
 SJU or CSB Financial Aid Office (as appropriate)
 OSB/SJU Business Office (as appropriate)