

MEREDITH COLLEGE
APPLICATION FOR TUITION REMISSION FOR EMPLOYEE / RETIREE

Name of Eligible Employee/Retiree: _____ ID # _____

Date of Hire: _____ Department: _____ Ext: _____

Status: ___ Degree-seeking ___ Non-degree-seeking / ___ Employee ___ Retiree

Academic Semester Requested (select one): Fall Spring Summer 20_____

Course #1 Information: (No.) _____ (Title) _____

(Credit Hours) _____ (Time of Day) _____ (Days) _____

Course #2 Information: (No.) _____ (Title) _____

(Credit Hours) _____ (Time of Day) _____ (Days) _____

If a lab is required in combination with a class, please list information for both under one course.

- No more than two courses may be taken under this policy in any regular term. A lecture and required lab count as one course with the appropriate total of hours (i.e. 3 hours lecture, 1 hour lab = 1 course, 4 hours).
- No more than two courses may be taken under this policy during the entire summer period.
- Employees / retirees may have tuition remission for a course up to two times (3rd requires payment of tuition).
- Benefit is for course tuition only. Employee / retiree is responsible for all course fees and any additional costs. Continuing education courses, including licensure and certification programs, are not eligible.
- Degree-seeking students are eligible to register with their class based on their number of earned hours.
- Tuition Remission release time may not be used to attend a class during normal work hours if the employee has been approved for Wellness release time during the same academic period.

___ (Initial) I have read the full **Tuition Remission policy** and the **Taxability of Graduate Tuition Remission** (available on the HR MyMeredith website, Employee Handbook, or from the Office of HR).

___ (Initial) I understand that an application must be submitted for each semester benefit is requested.

- **Priority Due Dates: Fall - July 1; Spring – November 1; Summer – May 1.**
- **Final date to submit application is the last day of drop/add.**

___ (Initial if Staff) I understand that I must log any work release time on my timecard under “Other.”

Employee / Retiree Signature: _____ **Date:** _____

SUPERVISOR APPROVAL FOR EMPLOYEE RELEASE TIME

___ (Initial) Not Applicable – None of the requested courses falls within normal work hours / retiree.

___ (Initial) One of the above classes falls within normal work schedule. Only one class may be taken during the employee’s scheduled work time, and must be approved by the supervisor with signature below. Release hours must be logged on time card under “Other” and time will be paid at straight time only. Release hours will not be made up.

I approve this release time. Supervisor Signature: _____ **Date:** _____

Next steps:

1. HR verifies eligibility and approves, then scans form to FA. FA will email employee to confirm receipt.
2. Employee completes registration for classes. (Registrar’s Office can provide registration assistance.)

NOTICE OF ELIGIBILITY APPROVAL / HR

Eligibility Approved: Director of HR Signature: _____ **Date:** _____