

AFFILIATED FACULTY/ROTC/RETIREE TUITION REMISSION APPLICATION

For additional information on tuition remission refer to the website at www.uc.edu/hr. Tuition Remission University Rules can be found under Personnel at <http://www.uc.edu/trustees/rules.html>

Section A – Employee Information			
Print Name:	UC ID (M#):		
Home Address:	City:	State:	Zip:
Email Address:	Daytime Phone No.		
<p>Select One of the following employee categories: For the following academic term: 20____ - 20____</p> <p style="text-align: center;"> <input type="checkbox"/> Affiliated Faculty <input type="checkbox"/> ROTC <input type="checkbox"/> Retiree </p> <p>I, _____ am requesting a total of _____ credit hours (per term) of tuition remission for the <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer term(s).</p>			
Section B – Employee Certification			
<p>Please read this application in its entirety before completing. I have read and understand the Tuition Remission program guidelines. I certify that the above information is true, correct, and complete. Should my status change, I agree to immediately notify Human Resources. I understand and agree that I will be personally responsible for reimbursing the University for the amount of tuition which was remitted in reliance on these representations if ineligible for such under University rules.</p>			
Employee Signature (Digital signature is acceptable.)		Date	
Section C – Department Authorization			
<p>This section must be signed for Affiliated Faculty and ROTC. Retirees taking more than six (6) credit hours require VP authorization as well.</p> <p>I certify that the above named employee is authorized to take a total of _____ credit hours per term during the <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer term(s) in the 20____ - 20____ academic year.</p>			
Vice President – Print Name		Date	
Vice President – Signature (Digital signature is acceptable.)			
Section D – Human Resources Use Only			
<input type="checkbox"/> Approve <input type="checkbox"/> Deny		Term/Yr. <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> U	
By _____		TR End Date: _____	
Date: _____		Date: _____	

Submit a completed form to: Human Resources, P.O.Box 210039, Cincinnati, OH 45221-0039, tuitionremission@uc.edu or fax to 513-556-9652. If you have any questions, refer to the HR website or contact 513-556-6381.

7/15/2016 rev

In appreciation of the tuition remission program, please consider making a gift online at <http://www.uc.edu/give> to support your favorite UC programs or services.