



APPLICATION FOR TUITION REMISSION FOR SPOUSE OR CHILD

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.
SUBMIT COMPLETED FORM TO THE OFFICE OF HUMAN RESOURCES.

EMPLOYEE'S FULL NAME	PLNU ID#	DATE EMPLOYED
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INSTRUCTIONS: This form is to be completed and submitted prior to start of each academic year that tuition remission is requested for a spouse or child.

STUDENT'S FULL NAME	PLNU ID#	RELATIONSHIP TO EMPLOYEE
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BIRTHDATE (If Child)

Yes No

Will the student be filing the FAFSA (Free Application for Federal Student Aid) this academic year? (check "No" only if the student **does not** want to be considered for federal and/or state aid, such as Cal Grant, Pell Grant, SEOG, Stafford Loans, etc.)

For Academic Year:

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Ex: 2005-06

Year student began classes in current program:

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Ex: 2005

Classification: Undergraduate Teacher Credential Graduate

Undergrad/Cred Status: Full Time (12+ units) 1/2 Time (6-8 units) 1/2 Time (3 units)

3/4 Time (9-11 units) Less than 1/2 time (5 or less units) 3/4 Time (5 units)

Which Campus? Main Campus Mission Valley Arcadia Bakersfield

Housing Status: On-Campus (Residential Halls, Flex, or Colony) With parent(s)/guardian(s)/relative(s) Off-Campus

CERTIFICATION STATEMENT

I am applying for tuition remission benefits. If this benefit is subject to taxation according to IRS regulations, I authorize the value of this benefit to be added to my taxable income and the taxes deducted from my paycheck(s). **Tuition remission is subject to taxation according to regulations in effect at the time the benefit is utilized. If required, the benefit will be taxed. The value of the benefit will be added to the employee's W-2 form and tax will be deducted from payroll checks.**

EMPLOYEE'S SIGNATURE _____

DATE _____

HUMAN RESOURCES OFFICE USE ONLY

Certification of Eligibility: Faculty Staff/Administrator Percentage of Discount:

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ASSOCIATE VICE PRESIDENT FOR HUMAN RESOURCES' SIGNATURE _____

DATE _____

STUDENT FINANCIAL SERVICES OFFICE USE ONLY

CODE	AMOUNT	DATE	INITIALS

of units _____ x rate _____ = _____