



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 the start of each academic year that tuition remission is requested for a spouse or child.

STUDENT'S FULL NAME	PLNU ID#	BIRTHDATE (If Child)
RELATIONSHIP TO EMPLOYEE <input type="checkbox"/> Spouse <input type="checkbox"/> Child	INDICATE ACADEMIC YEAR APPLICATION IS FOR (Ex: 2007-2008):	

- 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.)
- Yes No **Do any of the student's classes include a travel component?**
- Yes No **Are any of the student's classes taken by directed study?**

Classification: Undergraduate Undergrad/Cred Status: Full Time (12+ units) 3/4 Time (9-11 units)
 Teacher Credential 1/2 Time (6-8 units) Less than 1/2 time (5 or less units)
 Graduate Graduate Status: Full Time (6 units) 3/4 Time (5 units)
 1/2 Time (3 units)

Which Campus? Main Campus Mission Valley Arcadia Bakersfield

Indicate Housing Status for Each Term:

Fall Semester	Spring Semester	Summer Session I	Summer Session II	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On-Campus (Residential Halls/Flex Housing/Colony)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With parent(s)/guardian(s)/relative(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Off-Campus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study Abroad

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: _____

ASSOCIATE VICE PRESIDENT FOR HUMAN RESOURCES' SIGNATURE

DATE

STUDENT FINANCIAL SERVICES OFFICE USE ONLY

CODE	AMOUNT	DATE	SFS INITIALS
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of units _____ x rate _____ = _____