

Elizabethtown College

Tuition Remission/Exchange Request Form for Dependents

This form must be completed after the dependent has applied for admission to the corresponding school(s) and submitted to HR prior to the start of any semester in which remission is requested OR prior to the start of any academic year in which TE or CIC is requested. **The tuition remission section of this form must be completed for dependents that have applied or plan to apply to Elizabethtown College, even if TE or CIC is also being requested.** Please send the completed form to HR (hr@etown.edu).

Employee Information

Name: _____ ID #: _____ E-mail: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Status: Full-time Part-time Full-time Hire Date: _____ Dept: _____
**Part-time employees are not eligible for this benefit*

Dependent Information

Name: _____ E-mail: _____
Date of birth: _____ Last 4 digits of SS#: _____
Student's year (i.e. first yr, soph, grad yr): _____ Student's major: _____

Please read the following policy requirements and check the appropriate box.

- The student is claimed as my dependent (per IRS regulations). Yes No
- The student is unmarried. Yes No
- The student is my naturally born or legally adopted child. Yes No
- The student is under the age of 26. Yes No
- The student is in good academic and social standing. Yes No
- The student has registered/applied for the upcoming semester. Yes No

Tuition Remission for undergraduate education (attending E-town College)

Semester and Year: _____ Is this for a study abroad semester? * Yes No

**Study abroad must be a requirement of the major in order to use tuition benefits*

Tuition Exchange and Council of Independent Colleges

Tuition Exchange (TE) / www.tuitionexchange.org

Academic Year: _____

Renewal for TE School: _____

New request for TE (complete below)

School(s) to which student would like to apply for TE (*attach or list additional schools on the back of this form if necessary*)

1. _____
2. _____
3. _____
4. _____

Council of Independent Colleges (CIC) / www.cic.edu

Academic Year: _____

Renewal for CIC School: _____

New request for CIC (complete below)

School(s) to which student would like to apply for CIC (*attach or list additional schools on the back of this form if necessary*)

1. _____
2. _____
3. _____
4. _____

My signature provides authorization for my dependent's course grades to be released to Human Resources. My signature also signifies that I am aware of the full policy which can be found in the Employee and Faculty handbooks.

Employee's Signature: _____ Date: _____

This section to be completed by Human Resources

Approved Disapproved Notes: _____

Signature of HR representative: _____ Date: _____