

**Nebraska State College System for _____ State College
Employee/Immediate Family Tuition Remission Request Form**

Applicant Name _____
Employee Name _____

Employee or Student NUID# _____
Relationship to Employee _____
If Employee's child- list d.o.b. _____

Applicable Policy: <input type="checkbox"/> NAPE/AFSCME <input type="checkbox"/> Board Policy 5104	<input type="checkbox"/> NSCPA <input type="checkbox"/> Board Policy 5103	<input type="checkbox"/> SCEA <input type="checkbox"/> Board Policy 5102	<input type="checkbox"/> 67% Remission <input type="checkbox"/> \$1.00 Waiver
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For Employees Only:

Course is scheduled during non-work hours

Course is scheduled during work hours and requires supervisory approval. Work hour deviations are approved as follows:

Courses requested for remission:

Fall 20____ Spring 20____ Summer 20____

Department	Course & Section	Course Title	Credit Hours	Online or Correspondence Course- Yes/No

Requested By:

Applicant Signature/Date

Employee Signature/Date

Routing/Approval:

- Supervisor- notified or approval if necessary due to work schedule conflict *(for employees only)*

Signature/Date
- Human Resources- confirms Employee and Applicant eligibility

Signature/Date
- Vice President for Administration & Finance- (President's designee) grants approval

Signature/Date
- Financial Aid- records the amount of remission

Signature/Date
- Business Office- updates student account

Signature/Date