

HAMPTON UNIVERSITY
Hampton, Virginia

REMISSION OF TUITION AND CLASS ATTENDANCE FORM

My signature below acknowledges that I have read, fully understand and agree to comply with the Policy for Remission of Tuition contained on the back of this form.

_____ Employee Name Employee Signature ID Number Date of Application

Date Hired _____

STATUS:

Check One

- Full-time Salaried
Full-time Hourly

_____ Employing School, Department or Office

Check One

- Faculty
Staff
Other _____

****Not Applicable to military personnel in the Dept. of Military Science, students in Continuing Education or I-#U Online****

COMPLETE THIS SECTION IF REMISSION OF TUITION IS REQUESTED FOR A DEPENDENT TO ATTEND CLASSES

COMPLETE THIS SECTION IF REMISSION OF TUITION IS REQUESTED FOR AN EMPLOYEE TO ATTEND CLASSES

_____ Dependent's Name

_____ Dependent's ID Number

Dependent's Relationship to the Employee

- | | Yes | No |
|---|-------|-------|
| 1. Is dependent a natural, stepchild, or legally adopted child? | _____ | _____ |
| 2. Is dependent single and under the age of 23 years old? | _____ | _____ |
| 3. Was dependent carried as an exemption on last federal income tax return? | _____ | _____ |

Total Tuition Assessed \$ _____

Amount to be Remitted \$ _____

Dean, Chairman or Supervisor _____
Signature

I, _____ hereby request permission to attend classes.

Circle One Term: Fall Spring Summer

	Course Code	Sem. Hrs.	Time		FOR OFFICIAL USE
			Days	Hrs.	
Course Schedule for Sem. I 20					TUITION
Sem. II 20					
SS 20	LATE FEE				\$
	TOTAL				\$
	TO BE REMITTED				\$

Dean, Chairman or Supervisor _____
Signature

FOR OFFICIAL USE ONLY

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Approved | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Not Approved | <input type="checkbox"/> Not Approved | <input type="checkbox"/> Not Approved |

Registrar

Chancellor and Provost

V.P. for Business Affairs & Treasurer

INSTRUCTIONS: A copy of the birth certificate must be attached for each natural born child with the initial request for remission. A copy of the appropriate legal documents must be attached for each adopted child or child for whom the employee serves as legal guardian with the initial request for remission.

NOTE: To avoid late fees, this form must be processed by the Registrar at least 30 days prior to the beginning date of a term or a semester.