

# Fisher College Tuition Remission Request Form

\_\_\_\_\_  
Name of Student Requesting Tuition

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Relationship

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### Location of Course

Name of Courses:    1) \_\_\_\_\_ 4) \_\_\_\_\_  
                                 2) \_\_\_\_\_ 5) \_\_\_\_\_  
                                 3) \_\_\_\_\_ 6) \_\_\_\_\_

Starting Dates:    1) \_\_\_\_\_ 4) \_\_\_\_\_  
                                 2) \_\_\_\_\_ 5) \_\_\_\_\_  
                                 3) \_\_\_\_\_ 6) \_\_\_\_\_

Are you working towards a degree? Yes \_\_\_\_ Certificate \_\_\_\_ Other \_\_\_\_  
If yes, please specify program of study \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

**Employee must sign to certify his/her eligibility and/or relationship to application and  
forward to supervisor for approval**

Employees Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
Supervisor's approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date forwarded to Director of HR for Verification \_\_\_\_\_

HR Directors signature \_\_\_\_\_ Date: \_\_\_\_\_

Bursar's Signature \_\_\_\_\_ Date: \_\_\_\_\_