



HOBART AND WILLIAM SMITH COLLEGES

OFFICE OF HUMAN RESOURCES
Coxe Hall

TUITION REMISSION REQUEST FORM

Date of Request
Employee Name
Date of Hire
Department
Email
Request for (check one): Employee Spouse/Domestic Partner (DP) Dependent

FOR SPOUSE/DOMESTIC PARTNER/DEPENDENT, COMPLETE THE FOLLOWING INFORMATION:

Spouse's/DP's/Dependent's Full Name
Social Security Number
Date of Birth
Dependent's Address
Phone Number
Dependent's Email
Name of Degree
Class: Freshman Sophomore Junior Senior
Academic Year: to Expected Graduation Date:
Enrollment Status: Full-Time Part-Time Semester(s): Fall Spring
If part-time, name of course(s):

FOR EMPLOYEE, COMPLETE THE FOLLOWING INFORMATION:

Academic Year: to Semester: Fall Spring
Course Name:
Supervisor Approval/Date:
Faculty Approval/Date:

To be completed by Human Resources
Employee Classification: Faculty Administrative Union/Hourly
Eligible? Yes No
Approval Signature Date