

BARNARD COLLEGE
Application for Employee Tuition Remission

Name _____ Soc. Sec. # _____

Department _____ Date of Hire _____

Work Schedule: Hours/Week _____ Months/Year _____

- Administrative Local 2110 Faculty
 Confidential TWU

I hereby apply for exemption from tuition for the courses listed below for the _____ semester, 20____ beginning _____ and ending _____. **Proof of passing grade(s) is required at the end of the semester.**

ATTACH SCHOOL/COURSE MATERIAL INCLUDING TUITION COST

School	Course	Days	Hours	Credits	Tuition Cost

Undergraduate Graduate
 Matriculated in degree program? ___Yes ___No Major _____

Should I become obligated under the terms of the Barnard College Program and/or my Collective Bargaining Agreement to reimburse Barnard College for any tuition charges paid or owed by the College, I hereby authorize the College to deduct any amount due from my salary.

Signature _____ Date _____

TO BE FILLED IN BY DEPARTMENT HEAD

The above course(s) do not conflict with the employee's work schedule.

Supervisor's Signature: _____ Date: _____

TO BE FILLED IN BY HUMAN RESOURCES DEPARTMENT

Approved Disapproved Reason: _____

Name _____

Title _____ Date _____

GRADE(S) _____