

**LONG ISLAND UNIVERSITY
TUITION REMISSION APPLICATION**

Employees, their spouses and dependent children are eligible for tuition remission benefits. Tuition remission for a child of the employee may only be granted if the child is a dependent with dependency status defined by and acceptable to the Internal Revenue Service during the calendar year in which remission is sought. Tuition remission benefits will be extended to dependent children for 8 full-time semesters or the equivalent part-time study. Application for tuition remission must be made initially at least one month before the registration period. The approved application, assuming no change in the status, will remain in force for the balance of the academic year. Application must be renewed one month prior to the student's first registration in each succeeding academic year. Normally an employee may not register for or be granted remission for courses during working hours. Remission is also not extended to non-credit courses or individual instruction. Adjunct faculty members must apply for tuition remission every semester.

PART A - TO BE COMPLETED BY THE EMPLOYEE (PLEASE PRINT ALL INFORMATION):

Employee Name	Department and Work Telephone Number
Employee Social Security Number	Employee ID Number

Semester(s) attending	Academic Year	Graduate	Undergrad	Relationship to Employee	Campus Attending
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Student Name	Student SS Number and ID Number
If student is a child, please provide Birth Date	If applicable, please check whether or not child is claimed a dependent for income tax purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE NOTE: If the child is 22 years of age or older, a copy of your most recent income tax return must accompany this form to show dependency status. All recipients of Tuition Remission are required to provide proof of application for PELL and TAP.

I have read and understand the University's statement of policy concerning Tuition Remission and have attached all required paperwork, as applicable (E.g., proof of application for PELL, Tax Return, etc.).

Employee Signature	Date	Supervisor's Signature (For employee remission)	Date
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PART B - FOR BENEFITS USE ONLY:

Full

100% 80% 60%

100% of _____ credits per _____

Adjunct _____

Benefit's Department Approval Date

PART C - FOR BURSAR OFFICE USE ONLY:

Fall _____

Spring _____

Summer _____
