



THE LINCOLN UNIVERSITY REQUEST FOR REMISSION OF TUITION BENEFITS

Employee Information

Date:

Employee Name	
Employee Signature	
Date of Hire	
Employee Title	

Tuition Benefit Recipient

Name of Benefit Recipient	
Benefit Recipient Student ID	
Tuition Recipient (check one)	<input type="checkbox"/> Self* <input type="checkbox"/> Dependent
Previously Enrolled? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Semester (check one)	<input type="checkbox"/> Fall (year) <input type="checkbox"/> Spring () <input type="checkbox"/> Summer (year)

** Revised work schedule with supervisor approval required*

*** Your signature verifies that the dependent lives in your household, is supported by you, and is not otherwise so profitably employed as to pay his or her own expenses*

****If dependent is a child – proof of dependency and/or evidence of legal adoption are required; if dependent is spouse – proof of marriage is required. All other dependents are subject to approval by The Lincoln University Office of Human Resources*

Course Selection

Course Number	Course Title	Credit Hours	Hours of Class	Class Schedule							
				M	T	W	R	F	ST	SN	

Approvals Required (in sequence)

1. <input type="checkbox"/> Supervisor Approval (Of scheduled course(s) indicated above.)	2. <input type="checkbox"/> Registrar Approval (Eligibility to register)
(Supervisor Signature)	(Signature)
Supervisor Name (Print Name)	Registrar (Print Name)
Date	Date
3. <input type="checkbox"/> Human Resources Approval (Of benefit eligibility)	Office of Human Resources use only
(Signature)	<input type="checkbox"/> Sent to Financial Aid Date _____ By _____
Office of Human Resources (Print Name)	<input type="checkbox"/> Sent to Bursar Date _____ By _____
Date	