



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 Date (Print Name)	Registrar Date (Print Name)
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 _____ <input type="checkbox"/> Sent to Bursar Date _____ By _____
Office of Human Resources Date (Print Name)	