



HOBART AND WILLIAM SMITH COLLEGES



OFFICE OF HUMAN RESOURCES
Coxe Hall

TUITION REMISSION REQUEST FORM

Date of Request _____

Employee Name _____

Date of Hire _____ Department _____

Request for (check one): Employee Spouse/Domestic Partner (DP) Dependent

FOR SPOUSE/DOMESTIC PARTNER/DEPENDENT COMPLETE THE FOLLOWING:

Spouse/DP/Dependent's Full Name _____

Address _____

Date of Birth _____ Social Security Number _____

Name of Degree Program _____

Enrollment Status: Full-Time Part-Time **Expected Graduation Date:** _____
(Month/Yr.)

Year: Freshman Sophomore Junior Senior

Semester: Fall Spring **Academic Year:** _____ to _____
(Month/Yr.) (Month/Yr.)

If part-time, name of course(s): _____

FOR EMPLOYEE, COMPLETE THE FOLLOWING:

Semester: Fall Spring **Academic Year:** _____ to _____
(Month/Yr.) (Month/Yr.)

Course Name: _____

Supervisor Approval/Date: _____

Faculty Approval/Date: _____

To be completed by Human Resources

Employee Classification: Faculty Administrative Union/Non-Union
Hourly

Eligible? Yes No

Approval Signature/Date _____