



Office of Human Resources
 One Trinity Place
 San Antonio, TX 78212-7200
 Phone: 210-999-7507
 Fax: 210-999-7542

Tuition Remission Request Form (Study Abroad Not Eligible)

Employee Name: _____ Date of Request: _____

Date of Hire _____ Department: _____ Trinity ID#: _____

FILL OUT THE APPROPRIATE BOX BELOW AND RETURN THE COMPLETED FORM TO THE OFFICE OF HUMAN RESOURCES.

COMPLETE IF REQUEST IS FOR THE EMPLOYEE:

SEMESTER: Summer Fall Spring **NUMBER OF HOURS ENROLLED:** _____

CLASSIFICATION: Undergraduate Graduate (TAXABLE) Non-Degree Seeking

COURSE NAME AND NUMBER: _____

Supervisor Printed Name: _____

Supervisor Signature: _____ Date: _____

COMPLETE IF REQUEST IS FOR YOUR SPOUSE:

Full Name: _____ Trinity ID#: _____

SEMESTER: Summer Fall Spring **NUMBER OF HOURS ENROLLED:** _____

CLASSIFICATION: Undergraduate Graduate (TAXABLE) Non-Degree Seeking

COURSE NAME AND NUMBER: _____

COMPLETE IF REQUEST IS FOR YOUR DEPENDENT

(A dependent age 25 or older on or before the first day of a semester is not eligible for tuition remission.)

Full Name: _____ DOB: _____

Email: _____ Trinity ID#: _____

Claimed as an exemption on your most recent federal income tax return? Yes No

Has dependent had a break in degree program? Yes No

ACADEMIC YEAR: _____ to _____ **EXPECTED GRADUATION DATE:** _____

(Month/Year) (Month/Year) (Month/Year)

CLASSIFICATION: Undergraduate Graduate (TAXABLE) Non-Degree Seeking **NUMBER OF HOURS ENROLLED:** _____

SEMESTER: Summer Fall Spring **ENROLLMENT STATUS:** Full-Time Part-Time*

*If part-time, provide course name and number: _____

X _____ Date

Employee Signature (Required)

COMPLETED BY HUMAN RESOURCES

Summer 20 ____ Fall 20 ____ Spring 20 ____

Approved: No 50% 100% #Hours _____

Signature& Date: _____

COMPLETED BY STUDENT ACCOUNTS

Applied to: Summer Fall Spring

Amount Applied: \$ _____

Signature& Date: _____