



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

## Tuition Remission Request Form

**PLEASE NOTE: TUITION ONLY  
 IS COVERED AND NO FEES  
 (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  Non-Degree Seeking  Graduate

COURSE NAME AND NUMBER FOR UNDERGRADUATE: \_\_\_\_\_ PROGRAM FOR GRADUATE: \_\_\_\_\_

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  Non-Degree Seeking  Graduate

COURSE NAME AND NUMBER FOR UNDERGRADUATE: \_\_\_\_\_ PROGRAM FOR GRADUATE: \_\_\_\_\_

**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  Non-Degree Seeking NUMBER OF HOURS ENROLLED: \_\_\_\_\_  Graduate - PROGRAM NAME: \_\_\_\_\_

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

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

**X** \_\_\_\_\_ Date  
 Employee Signature (Required)

<p align="center"><b>COMPLETED BY HUMAN RESOURCES</b></p> <p><input type="checkbox"/> Summer 20 _____ <input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Spring 20 _____</p> <p>Approved: <input type="checkbox"/> No <input type="checkbox"/> 50% <input type="checkbox"/> 100%</p> <p>Undergraduate # Hours _____ Graduate Program _____</p> <p>Signature &amp; Date: _____</p>	<p align="center"><b>COMPLETED BY STUDENT ACCOUNTS</b></p> <p>Applied to: Summer Fall Spring</p> <p>Amount Applied: \$ _____</p> <p>Signature &amp; Date: _____</p>
--	---