

Tuition Remission Application for Cabrini Employees 2023-2024



CABRINI
UNIVERSITY

Employees can apply for tuition remission by completing and signing this form, obtaining the required approval signatures, and—before the first day of class—submitting it to the Office of Human Resources in Grace Hall.

Tuition Remission Policy available online under www.cabrini.edu/HR.

Name _____ ID Number _____

Department _____ Email _____

Employee Type:

- Full-time Faculty/Staff

Date of Full-Time Employment (MM/DD/YY) _____

- Adjunct Faculty

(6-semester waiting period) Date of Employment (MM/DD/YY) _____

Currently teaching? Yes No

- Part-Time Coach

Date of Employment (MM/DD/YY) _____

Currently coaching? Yes No

Semester Benefit Requested: Fall Winterim Spring Summer Year _____

Credit Type: Undergraduate Graduate (Tuition will be assessed as taxable income.)

Anticipated Number of Credits for Academic Year _____

Graduate Degree Program _____

1. Attach printed Student Detail Schedule, available on CabriniOne under the Student tab.
2. List requested courses; semester credit hours must be consistent with Cabrini's Tuition Remission Policy.

- Course Title _____ Course Name/# _____
Credit Hours _____ Class Days & Times _____
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- Course Title _____ Course Name/# _____
Credit Hours _____ Class Days & Times _____

Employee Certification: I have read, understand, and agree to abide by all provisions of the tuition remission policy. I further understand that this benefit is the actual cost of tuition only. I am responsible for any fees, if applicable. If my course load changes, I will notify Human Resources.

Employee Signature _____

Date _____

To be completed by Supervisor:

- I approve this request and certify that the employee's participation will not adversely affect departmental services nor cause undue hardship for other employees.
- I am allowing the employee to attend classes during the workday. Attached is the alternate work arrangement.
- I cannot approve or certify the employee's request to attend classes because:

Supervisor Signature _____

Date _____

Vice President Signature _____

Date _____

To be completed by Human Resources:

Approved? Yes No

If no, reason: _____

Human Resources Signature _____

Date _____

Date to Financial Aid _____

Date Employee Notified _____

Number of Credits Approved _____

Graduate

Undergraduate