



Please complete and return this form to the Human Resources Office. Please review the Tuition Remission policy prior to completion of this form. Union members should refer to their Collective Bargaining Agreement. If approved, a new request must be submitted annually. Falsifying information on this form may result in immediate termination of tuition remission benefit and you will be responsible for repayment of all benefits awarded. Participation in the CIC and TE program involves additional enrollment forms. Policy and additional resources available online (www.bit.ly/2ni9ydh).

Programs:

- **Albion College:** Courses offered as space permits. Limit one course per semester
- **GLCA:** Employees are not eligible for GLCA tuition exchange benefits
- **CIC:** Course(s) should be taken outside of regular working hours
- **TE:** Course(s) should be taken outside of regular working hours

Tuition Remission/Exchange Request Information

Employee Name: _____
Last
First
Banner ID #

Institution	Program	Status	Semesters Requested This Yr.
	<input type="checkbox"/> Albion College <input type="checkbox"/> CIC <input type="checkbox"/> TE	<input type="checkbox"/> Applied <input type="checkbox"/> Enrolled	
	<input type="checkbox"/> Albion College <input type="checkbox"/> CIC <input type="checkbox"/> TE	<input type="checkbox"/> Applied <input type="checkbox"/> Enrolled	Full-Time or Part-Time Study
	<input type="checkbox"/> Albion College <input type="checkbox"/> CIC <input type="checkbox"/> TE	<input type="checkbox"/> Applied <input type="checkbox"/> Enrolled	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Acknowledgments

Your signature below acknowledges the following conditions of the tuition remission and exchange benefit:

- I have reviewed the Tuition Remission Policy
- I will submit this form along with the necessary CIC/TE forms (not necessary for Albion College courses)
- I will report any status changes, including if I am submitting this form at the application stage, notifying HR once I have selected and enrolled in an institution
- College business will take priority over coursework; tuition remission benefits may be denied if job performance declines
- Work schedules may be temporarily altered to accommodate coursework at discretion of the supervisor

Signature _____
Date

Approval

Supervisor Approval: I will ensure the employee's work is rescheduled and the operation of the department is not adversely affected. If supervisor changes, a new request must be submitted even if full academic year approval was originally authorized

- I approve this request
 I approve only the _____ semester and require that subsequent semesters be applied for on a semester-by-semester basis

Supervisor Signature: _____
 Division Head Signature: _____

<u>HR USE ONLY</u>		
DOH:	Semesters Used With This Form:	_____
<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	Enrolled in (Institution):	HR Representative