

## PART-TIME FACULTY TUITION REMISSION APPLICATION

For additional information on tuition remission refer to the website at [www.uc.edu/hr](http://www.uc.edu/hr). Tuition Remission University Rules can be found under Personnel at <http://www.uc.edu/trustees/rules.html>

### Section A – Employee Information

Print Name:	UC ID (M#):
Email Address:	Daytime Phone No.

### Section B – Employee Certification

I, \_\_\_\_\_ am requesting a total of \_\_\_\_\_ credit hours (per term) of tuition remission for the ☐ Fall ☐ Spring ☐ Summer term(s).

**Please read this application in its entirety before completing.** I have read and understand the Tuition Remission program guidelines. I certify that the above information is true, correct, and complete. Should my status change, I agree to immediately notify Human Resources. I understand and agree that I will be personally responsible for reimbursing the University for the amount of tuition which was remitted in reliance on these representations if ineligible for such under University rules.

\_\_\_\_\_  
Employee Signature (Digital signature is acceptable.)

\_\_\_\_\_  
Date

### Section C – Department Authorization

I verify that the above named employee will be teaching ☐ Fall ☐ Spring ☐ Summer term(s) in the 20\_\_\_\_ - 20\_\_\_\_ academic year and is, therefore, eligible to use accrued tuition remission hours.

\_\_\_\_\_  
Department Head/VP/Dean – Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/VP/Dean – Signature (Digital signature is acceptable.)

### Section D – Human Resources Use Only

Term TR Earned	Amt Earned	Term TR Used	Amt Used	Balance Carried Forward	Expired

☐ Approve ☐ Deny      Term/Yr. ☐ F ☐ S ☐ U

TR End Date: \_\_\_\_\_

By \_\_\_\_\_

Date: \_\_\_\_\_

Submit a completed form to: Human Resources, P.O.Box 210039, Cincinnati, OH 45221-0039, [tuitionremission@uc.edu](mailto:tuitionremission@uc.edu) or fax to 513-556-9652. If you have any questions, refer to the HR website or contact 513-556-6381.