

EMPLOYEE INFORMATION:

Full-time Part-time Adjunct Other

Name: _____

UHA ID #: _____

Department/School: _____

Phone (W): _____

I have reviewed and understand the provisions of the current University Tuition Remission and Other Educational Benefits/Opportunities Policy. I agree to pay for registration, books, private lessons and any and all fees/costs not covered by the University of Hartford's Tuition Remission benefit. **Doctoral Studies are specifically excluded from this benefit.**

COURSE INFORMATION:

Undergraduate Graduate Degree Sought: _____

Semester: FALL (40) WINTER (05) SPRING (10) SUMMER (20) Semester Year: _____

I am applying Winterterm or Adult Express course(s) to: FALL SPRING

<u>Course Number & Section</u>	<u>Days</u>	<u>Hours</u>	<u>Credit Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADJUNCTS ONLY - BENEFIT EARNED

Semester and Year: _____ Course(s) taught: _____

DEPENDENT INFORMATION: Spouse Dependent child Undergraduate Graduate

Name: _____ UHA ID #: _____ Date of Birth: _____

Semester: FALL (40) WINTER (05) SPRING (10) SUMMER (20) Semester Year: _____

Degree Sought: _____

Completed Certification of Qualifying Family Member Status for Tuition Remission Benefits must be on file with HRD

SIGNATURES:

Employee Signature: _____ Date: _____

Supervisor: *(Required for Employee Tuition Remission)*

Print Name _____ Signature _____ Date _____

HRD REVIEW:

Approved by: _____ Date: _____ Employment Status Verified: _____
Date of Hire Verified: _____

BURSAR PROCESSING:

Processed by: _____ Date: _____ Confirmed Course Eligibility: _____
Amount Charged to University: _____

CERTIFICATION OF QUALIFYING FAMILY MEMBER STATUS FOR TUITION REMISSION BENEFITS

DECLARATION

I, _____, certify that _____ is my:
(Print Name of Employee) (Print Name of Family Member)

- Legal spouse
- Child by birth, marriage or adoption (date of birth ____/____/____)

I understand that the above named family member may be eligible for the University of Hartford's current Tuition Remission benefit if he/she meets admission requirements and eligibility criteria. I understand that this benefit provides full abatement of tuition and that any costs above tuition are the responsibility of the family member. I further understand that the University of Hartford's tuition remission benefits are provided on a space-available basis and are applicable for undergraduate and/or graduate courses through the master's level. This benefit is administered in accordance with current IRS regulations and taxation. Age limitations may apply.

My signature below indicates that I am aware that I may be required to submit formal documentation confirming this family member relationship.

ACKNOWLEDGEMENTS

1. I have provided the information necessary for use by the University of Hartford for the sole purpose of determining my family member's eligibility for the University of Hartford's tuition remission benefits.
2. I understand that this certification may create certain contractual obligations between myself and the University of Hartford.
3. I declare that all the statements made above are, to the best of my knowledge and belief, true and complete and that these statements will be used as the basis on which University of Hartford tuition remission benefits will be provided. Any act of intentionally or recklessly providing false or misleading information to constitute a fraudulent attempt to obtain a financial benefit in violation of the University's policy as expressed in the Employment Manual (**Section 6.02 - General Expectations**)

I have reviewed this form and understand the provisions of the University of Hartford's current Tuition Remission and Other Educational Benefits/Opportunities Policy from the Employment Manual.

Employee Signature: _____ Date: _____

HRD REVIEW:

Dependent Status Verified:

HRD Representative: _____ Date: _____