



Temple University Employee or Dependent Tuition Remission

This tuition remission form, when properly completed and authorized, can be used to pay your tuition invoice. Forms should be submitted to the Bursar's Office on your campus. A new form must be submitted for each semester. **Please retain a copy for your file.**

Please Print

Student is an: employee eligible dependent (spouse/certified domestic partner/child)

Semester	School	School Year	TUId number

Full Time Credit Hours _____ Tuition Amount _____
 Part Time _____ \$ _____

Student's Name: _____

PA Resident Non-PA Resident

Address: _____

Undergraduate Graduate

City, State, Zip: _____

Telephone: _____

***Tuition Remission covers tuition only: Fees are not included.**

Employees are not entitled to tuition remission benefits unless all tuition accounts are current (the employee, the employee's spouse or certified domestic partner if eligible and/or any dependent children). An employee can bring his/her accounts current by paying the amount due in full or making arrangements to have the entire past-due balance paid through payroll deduction in equal installments beginning with the next payroll period and continuing through the last pay period prior to the end of the semester. Employees whose account(s) has a past due balance must pay the past due amount in full or obtain and complete a payroll deduction authorization form from the Bursar's Office (Credit and Collections department) before registering for any classes. Misrepresenting any information on this form may result in discipline including but not limited to ineligibility for further tuition remission or termination from employment.

EMPLOYEE CERTIFICATION

By signing this form, I certify that all of the information provided by me on this form is correct.

I further certify that my account(s) is/are current or I have completed the necessary payroll deduction authorization forms so that payroll can deduct any past due amount from my paychecks beginning with the first paycheck after tuition remission benefits are requested and continuing in equal installments through the last payday in the semester.

Employee's Signature: _____

Print Name: _____

Date: _____

DEPARTMENTAL APPROVAL

Employee entitled to: <input type="checkbox"/> 8 Credits	Employee's Department and Fund/Org/Program
Dependent entitled to: <input type="checkbox"/> Full <input type="checkbox"/> Half	Employee's Name
Authorizing Signature is needed for Employee only	Employee's TUId#

Authorizing Signature: _____

Print Name: _____

(Not needed for eligible dependent)

Date: _____

Phone Number: _____

OFFICIAL USE ONLY

	Taxability	ISIS	
Is T/R Taxable Yes (W2) No Approval _____	FTRN	Amount	Date