

Waive Health Center Fee _____

Semester _____ Units _____

Remission % _____

**TUITION BENEFIT AWARD APPLICATION
UNIVERSITY OF THE PACIFIC**

STUDENT: _____ **ID#:** _____

ADDRESS: _____

ELIGIBILITY

Employee eligible for tuition remission benefits:

Employee Name: _____ ID#: _____

Full-Time: _____ Part-Time: _____ UOP Date of Hire: _____

Employee's Department: _____

Employed at another eligible 4-year accredited college or University?

_____ College or University previously employed at

_____ Dates of Employment

Eligible Student is: _____
Employee Spouse

_____ Child

If Child: Age: _____ Date of Birth: _____

Lived in Household at least 5 years? _____

(Child must have lived in the home of the employee or in the home of the employee's spouse at least five consecutive years prior to admission – refer to policy for details.)

DEGREES EARNED BY STUDENT APPLICANT:

Bachelor: _____ Granted By: _____
Name of School Date

Masters: _____ Granted By: _____
Name of School Date

Doctorate: _____ Granted By: _____
Name of School Date

CREDENTIALS OR SPECIAL CERTIFICATES COMPLETED BY STUDENT APPLICANT:

_____ Date _____ Date

_____ Date _____ Date

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Spouse and eligible child(ren) must be enrolled in a degree, credential or certificate program to be eligible for tuition remission. Admission to UOP degree program or first credential or first certificate program completed on following date: _____.

Please read tax information from Controller's Office regarding tuition remission, which could be a taxable benefit in some cases.

ENROLLMENT INFORMATION

COURSES THIS SEMESTER:

TOTAL UNITS: _____

Course #	Course Title	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(A printout may be attached. If courses are unknown, please estimate number of units.)

Semester: **Fall:** _____ **Spring:** _____
 Summer I: _____ **Summer II:** _____ **Summer III:** _____

SCHOOL:

Eberhardt School of Business: _____ School of Pharmacy & Health Sciences: _____
College of the Pacific: _____ Conservatory of Music: _____
School of Engineering: _____ Research & Graduate Studies: _____
Benerd School of Education: _____ School of International Studies: _____
College of Professional & Continuing Education/LLL: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

APPROVED – HUMAN RESOURCES: _____ **DATE:** _____

DISAPPROVED – HUMAN RESOURCES: _____ **DATE:** _____

PLEASE COMPLETE BOTH SIDES & RETURN TO HUMAN RESOURCES
(Please refer to plan document for complete details of the Tuition Remission Program)

5/28/03 HUMAN RESOURCES/FINANCIAL AID USE ONLY BELOW: