

**FONTBONNE UNIVERISTY
EMPLOYEE TUITION VOUCHER**

Instructions:

1. Complete Section I
2. Submit to supervisor for completion of Section II
3. Submit to Personnel Office

SECTION I

Employee Name: _____ SS# _____

As an employee of Fontbonne University, I am applying for tuition remission for:
_____ Myself _____ My Spouse _____ My dependent child

If spouse or child:

Name: _____ SS# _____

I certify that this child is dependent on me for support, is living at home and is being claimed by me as a dependent on my Federal Income Tax Return.

I further understand that in the event that I am no longer employed by Fontbonne University, and that is the termination date of my employment was prior to the beginning of the semester's classes herein identified, this tuition waiver is null and void.

I understand that I may register only for one day class and that authorization from my supervisor is required prior to registration.

Employee signature: _____ Date: _____

COURSE TO BE TAKEN:

<u>Course #</u>	<u>Name of Course</u>	<u>Date & Time of Class</u>

SECTION II

Courses Approved _____ Yes _____ No

Signed: _____ Date: _____
(Supervisor)

Signed: _____ Date: _____
(Vice-President of your division)

SECTION III

Eligibility requirements have been met for full tuition remission.

Signed _____ Date: _____
(Personnel Office)