



**SAINT JOSEPH'S COLLEGE
APPLICATION FOR TUITION REMISSION
EMPLOYEES AND DEPENDENTS**

Name of Applicant: _____ SS#: XXX-XX-_____
(Please Print) (Last four digits)

Relationship to Sponsoring Employee: _____

Name of Sponsoring Employee: _____

Department: _____ Date of Employment: _____

Program Desired: 1: 4YC Fall 2: 4YC Spring 3: 4YC May 4: GPS 5: GPS Summer

Start Date: _____ End Date: _____

Course(s): _____

Employee Signature _____ Date _____

HR Office Use Only:

Approval of Senior HR Representative: _____

Date Approved: _____

Amount of Tuition Waiver: _____

Outstanding Fees: \$ _____

\$ _____

\$ _____

Approval of the Bursar _____

Copies For:

- Registrar's Office
- Financial Aid Office
- Bursar's Office
- GPS Admissions
- Academic Advisor-GPS