

ROGER WILLIAMS UNIVERSITY AND ROGER WILLIAMS UNIVERSITY SCHOOL OF LAW

TUITION REMISSION CHECKLIST

Section I. To be completed by employee (also attach a completed Tuition Remission Application):

Name of Employee: \_\_\_\_\_

- Employee Group: (check one)
[ ] Non-Aligned University [ ] Non-Aligned School of Law
[ ] RWU Faculty Assoc. [ ] Facilities Mgmt. Assoc. [ ] Dining (UFCW)
[ ] Professional Support Staff Assoc. [ ] Public Safety Assoc.

Name of Spouse/Domestic Partner: \_\_\_\_\_

Name of Dependent: \_\_\_\_\_

APPROVALS

Section II. To be completed by appropriate offices:

- Bursar's Office: [ ] Check if financially cleared.

\_\_\_\_\_  
Bursar's Office Date

- Registrar's Office: [ ] Graduate Degree Program (for Non-aligned, Public Safety & RWUFA only)
[ ] Matriculated or
[ ] Non-Matriculated (limit to 3 graduate courses in graduate discipline for Non-aligned & RWUFA only)
[ ] Law School (for RWUFA only)
[ ] Undergraduate Degree Program
[ ] Study Abroad \_\_\_\_\_
[ ] Other Explain: \_\_\_\_\_

\_\_\_\_\_  
Registrar's Office Date

- Human Resources: [ ] Full Time Employee
[ ] Length of Employment \_\_\_\_\_
[ ] Proof of Spouse/Domestic Partner/Dependent Status \_\_\_\_\_
[ ] Refer to applicable collective bargaining agreement \_\_\_\_\_

\_\_\_\_\_  
Office of Human Resources Date

**TUITION REMISSION APPLICATION**

TO BE COMPLETED BY EMPLOYEE. Use one form per academic year to apply for tuition remission. If you decide to add a course which is not listed on the first form submitted, please submit a second form.

**Application for remission is for:**

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Spouse/Domestic Partner\*/Dependent Name\*\*: \_\_\_\_\_ Dependent's Date of Birth: \_\_\_\_\_

*\*If Domestic Partnership is approved, there will be tax implications regarding tuition. Please refer to Benefits Information concerning Same Sex Spouses and Domestic Partners Policy.*

*\*\*Must provide IRS documentation for proof of dependency.*

Spouse/Domestic Partner/Dependent Student ID#: \_\_\_\_\_

**Eligibility Unit (Check One)**

*\*Following 6 months of continuous service, full-time employment*

- Non-Aligned University     Non-Aligned School of Law     RWU Faculty Assoc.     Facilities Mgmt. Assoc.  
 Dining (UFCW)     Professional Support Staff Assoc.     Public Safety Employees Assoc.

**Academic Year**

- Undergraduate Program  
 Graduate Program<sup>1</sup>     Matriculated    or     Non-matriculated<sup>2</sup>  
 Law School (RWUFA only)

<sup>1</sup>available to Non-aligned, Public Safety & RWUFA (refer to policy for applicability)

<sup>2</sup>if non-matriculated, limited to 3 graduate courses in the graduate discipline for non-aligned and RWUFA only

Semester	Year	# of Total Courses	Human Resources Only: Eligibility Approval
<input type="checkbox"/> Fall:	_____	_____	<input type="checkbox"/> Dependent Age _____
<input type="checkbox"/> Winter:	_____	_____	<input type="checkbox"/> Dependent Age _____
<input type="checkbox"/> Spring:	_____	_____	<input type="checkbox"/> Dependent Age _____
<input type="checkbox"/> Summer I:	_____	_____	<input type="checkbox"/> Dependent Age _____
<input type="checkbox"/> Summer II:	_____	_____	<input type="checkbox"/> Dependent Age _____
<input type="checkbox"/> Summer III:	_____	_____	<input type="checkbox"/> Dependent Age _____
<input type="checkbox"/> Mini Semester:	_____	_____	<input type="checkbox"/> Dependent Age _____
<input type="checkbox"/> Other, explain:	_____	_____	<input type="checkbox"/> Dependent Age _____

Are you applying for any tuition benefit program other than RWU's tuition remission?     Yes    or     No

If yes, please list program(s). \_\_\_\_\_

- Please note: Anyone who receives free tuition under the RWU Tuition Benefits Program cannot be reimbursed for the same course under another tuition benefits program.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**University Authorizations:**

*Note: Please have authorizations completed in the order below.*

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Divisional Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_