

Delaware State University

Request for Tuition Remission Program

Guidelines:

- An eligible employee must have completed their probationary period prior to the beginning of classes for the semester in which the tuition remission is granted
- Eligible employees may request Tuition Remission 45 days prior to the first day of the semester for an eligible dependent
- Tuition remission can only be used in the Fall and Spring semesters for full-time undergraduate students who have been accepted by the University Admissions Office
- The Tuition Remission Program is only for undergraduate programs.
- A dependent child is defined as: A legal dependent of the employee who has been claimed on his or her most recent federal tax return. Documentation is required from an authorized agency for verification e.g. birth certificate, legal adoption document.
- The dependent child must not declare independent financial status for the academic semester in which the tuition remission is granted
- The dependent child must be a full-time matriculated undergraduate student at the beginning of the academic semester and must maintain full-time status throughout the semester in which the tuition remission is granted. Full-time status is defined as a minimum of 12 credit hours per semester. If the student does not maintain full-time status (minimum of 12 credit hours) throughout the entire semester, the student will lose eligibility for the semester and will be billed for the number of credit hours completed.
- The dependent child will not be eligible once he or she becomes 25 years old.
- Only one dependent child is eligible for the Tuition Remission Program in any semester.
- A dependent child is only eligible for Tuition Remission Program for 4 years.
- If the student is receiving scholarships/grants from Delaware State University, the tuition remission will be prorated so the combined scholarship/grant and tuition remission would not generate a credit balance on the student account.

Employee Name	Employee D#	Department	Date of Hire

Local #	Authorized Percentage

Name of Dependent Child	Dependent Child D#	Semester	Year

I certify that the information given herein and which Delaware State University is authorized to verify, is true and complies with the Tuition Remission Program. I have read and understand the conditions of the tuition remission. I agree to notify the University of any changes in the dependent child's circumstances which would disqualify him or her from the Tuition Remission Program. I also agree that I am responsible for the full tuition of my dependent if he/she is not eligible or becomes ineligible for the program.

Employee Signature	Authorized Signature
Date	Date

Distribution: Original to Human Resources; Copies to: Student Accounts, Employee, Student