

A separate Tuition Remission application must be made for each term. To avoid any delays in processing, please fill out the form completely. **Each completed application must be submitted to [HR@fit.edu](mailto:HR@fit.edu) by the due date for tuition and fees listed on the academic calendar. Late or incomplete applications will *not* be accepted and will result in full payment responsibility or removal from the class roster.**

**STUDENT INFORMATION**Student Name \_\_\_\_\_  
*Last First Middle Initial*

Student ID Number \_\_\_\_\_ Email Address \_\_\_\_\_

Relation to employee:

- 
- Legal spouse
- 
- Dependent child (under the age of 26)

*\*Please see definitions of eligible spouse and dependent child in the policy definitions section.***EMPLOYEE INFORMATION**

Employee Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

**ACADEMIC INFORMATION**1. Is this your first time requesting Tuition Remission?  Yes  No

2. What academic year is this request for? \_\_\_\_\_

3. What term is this request for? **Check only one box.** (For schedule guidance please see the Academic Calendar website at [floridatech.edu/registrar/academic-calendar/](http://floridatech.edu/registrar/academic-calendar/))

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Spring Campus | <input type="checkbox"/> Spring 1 Florida Tech Online | <input type="checkbox"/> Spring 2 Florida Tech Online |
| <input type="checkbox"/> Summer Campus | <input type="checkbox"/> Summer 1 Florida Tech Online | <input type="checkbox"/> Summer 2 Florida Tech Online |
| <input type="checkbox"/> Fall Campus   | <input type="checkbox"/> Fall 1 Florida Tech Online   | <input type="checkbox"/> Fall 2 Florida Tech Online   |

4. Is this degree program:

- 
- Undergraduate
- 
- Graduate (please review the taxability of graduate tuition information on the HR website at
- [floridatech.edu/hr](http://floridatech.edu/hr)
- )

I have read and understand the Florida Tech Tuition Benefits Policy and agree to abide by the policy. I agree to pay for all charges not covered by the policy and understand that the value of the benefit may be taxed and taxes withheld, as necessary, based upon applicable state and federal regulations.

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

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL**

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

**Return completed forms to [HR@fit.edu](mailto:HR@fit.edu)**