



Please verify that you are an East Falls employee/faculty member. Yes

If no-

Please reach out the Center City tuition office at tuition.svc@jefferson.edu for more information pertaining to the process for non-East Falls course tuition information.

Please verify that the program/course is an East Falls course before moving forward. Yes

If no-

-and you are an East Falls employee: please reach out to the EF HR office at TJU_EF_HumanResources@jefferson.edu

-and you are an employee from another other Jefferson Entity: please reach out to the Center City tuition office at tuition.svc@jefferson.edu

TUITION REMISSION REQUEST FORM – EMPLOYEE

(Course must be an **East Falls** program on campus or online)

TO: HUMAN RESOURCES EMPLOYEE: _____ DATE: _____

- | | | | |
|---|---------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Part-time Undergraduate | <input type="checkbox"/> Fall | <input type="checkbox"/> Fall I | <input type="checkbox"/> Fall II |
| <input type="checkbox"/> Graduate | <input type="checkbox"/> Spring | <input type="checkbox"/> Spring I | <input type="checkbox"/> Spring II |
| <input type="checkbox"/> Philadelphia University Online | <input type="checkbox"/> Summer | <input type="checkbox"/> Summer I | <input type="checkbox"/> Summer II |

I confirm that this is an on campus/online program for the East Falls Campus

Program: _____

I verify that:

- | | |
|--|---|
| <input type="checkbox"/> This program is a credit course | <input type="checkbox"/> Not a prior learning assessment credit |
| <input type="checkbox"/> Not an independent study | <input type="checkbox"/> Not a credit by examination course |

***All graduate remission in excess of \$5,250 per calendar year will be considered taxable income and subject to applicable IRS withholding per IRS Section 127 regulations. You will be responsible to pay the applicable tax regardless of your payroll status. Current policy requires all courses taken with remission to be three (3) or four (4) credits and held outside of employee's normal work hours.**

Your work schedule: Days: _____ Hours: _____

Your class selection(s):

Example: HUMA-001 Monday 6:30pm- 9:00 pm 3

Course ID# _____ Days: _____ Time: _____ Credits: _____

Course ID# _____ Days: _____ Time: _____ Credits: _____

Course ID# _____ Days: _____ Time: _____ Credits: _____

I hereby request tuition remission for the above semester or term for myself

People Soft ID Number (Found on
Paystub)

Name of Student

Campus Key

Signature of Employee

NOTE: A financial aid application should be filed in the financial aid office by the student for possible eligibility to receive PHEAA/PELL credit. Students receiving tuition remission are not eligible to receive University-funded scholarships. Please register for class prior to submitting this form to Human Resources.

FOR OFFICE USE ONLY:

Date: _____ Full-Time Part-Time Date of Hire: _____

The above tuition remission benefit request has been approved in the amount of:

- | | |
|-------------------------------|----------------------------------|
| <input type="checkbox"/> 50% | <input type="checkbox"/> Faculty |
| <input type="checkbox"/> 75% | <input type="checkbox"/> Staff |
| <input type="checkbox"/> 100% | |

Human Resources

