



**TUITION REMISSION PROGRAM  
APPLICATION FORM  
(to attend Dickinson College)**

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

Department \_\_\_\_\_ Date of Hire /  
Date of Appointment \_\_\_\_\_

Name of Student \_\_\_\_\_ Student  
Date of Birth \_\_\_\_\_

Relationship to Employee \_\_\_\_\_

Academic Year Attending: \_\_\_\_\_  FALL  SPRING  SUMMER  
(must be completed each academic year)

Is student taking classes for  CREDIT or  AUDIT?

Exemption Code: _____
Term: _____

Is student attending as a high school student?  YES  NO

Does student currently have a bachelor's degree?  YES  NO

Tuition remission is available to the employee, spouse, and all dependent children under age 24 of any full-time employee.

**I, hereby, certify that this student is myself, my spouse, or my legal dependent child. Additionally, I certify that this student has not previously completed the baccalaureate degree at Dickinson or at another institution.**

**I have read the College's Employee Handbook and understand the benefits and restrictions of this program.**

\_\_\_\_\_  
Employee's Signature Date

**PLEASE RETURN FORM TO HUMAN RESOURCE SERVICES FOR PROCESSING. THANK YOU.**