

WELLESLEY COLLEGE

APPLICATION FOR TUITION REMISSION FOR EMPLOYEE DEPENDENT/SPOUSE ENROLLMENT IN COURSES AS A CONTINUING EDUCATION, SPECIAL OR POST-BACCALAUREATE STUDENT

NAME: _____ Date of Employment: _____ SSN _____

DEPARTMENT: _____ JOB TITLE: _____

ELIGIBILITY: Have completed one year of regular full-time employment and paid normal application and registration fees.

Benefit: Tuition Remission for an employee's dependent/spouse is a program that provides tuition benefits at Wellesley College for daughters and/or spouses of eligible employees. The candidate(s) must be selected through the normal Board of Admission process and maintain diploma grade standing. The following policy on this benefit and eligibility became effective May 1, 1982.

Eligibility: If hired May 1, 1982 or thereafter, as a full-time staff member, the employee is eligible to receive 50% of Wellesley tuition effective the semester following the anniversary of three years of continuous full-time employment.

If hired prior to May 1, 1982, as a full-time staff member, the employee is eligible to receive 100% of Wellesley tuition effective the semester following the anniversary of one year of continuous full-time employment.

The dependent of an eligible employee must be his/her dependent for income tax purposes. A copy of IRS 1040 for tax year and/or marriage certificate required. (You may block out your income information.)

A copy of the letter of acceptance to Wellesley College for the dependent/spouse from the Board of Admission as a Continuing Education Student, Special Student or Post-Baccalaureate Student must be included with this application.

APPLICATION FOR TUITION BENEFIT IS BEING MADE FOR:

Son or daughter (name) _____ Spouse (name) _____

Degree Candidate (applies to female spouses and daughters only): _____ Special Student: _____ Post-Bac _____

Semester I __, 20__ Semester II __, 20__

I understand that this request must be submitted and approved by the Benefits Manager AFTER course pre-registration but prior to the start of the course.

Course limit: 8

Date: _____ Employee Signature: _____

DO NOT WRITE BELOW THIS LINE

% Tuition Remission Approved _____ Not approved

Date _____ Associate Director of Human Resources and Benefits Manager

Student Financial Services Office of Continuing Education Human Resources Employee