



**APPLICATION FOR UNDERGRADUATE TUITION BENEFITS  
TUITION REMISSION PROGRAM**

**SECTION I**

I am applying for undergraduate tuition benefits on behalf of my dependent/self who will be attending Albright College during the following academic year:

**Class / Classes (list or attach schedule if part-time)** \_\_\_\_\_

**Day Division** ( )      **Evening Division: DSP** ( ) **or DCP** ( )

Fall 20\_\_\_\_ Interim\* / Winter 20\_\_\_\_ Spring 20\_\_\_\_ Tuition \$ \_\_\_\_\_

**Summer Session** ( )

First Session 200\_\_\_\_ Second Session 200\_\_\_\_ Tuition \$ \_\_\_\_\_

\*not applicable to full-time day students

**SECTION II**

**DEPENDENT and/or SELF**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Age

\_\_\_\_\_  
Student's Social Security No

Status:

Daughter ( ) Son ( ) Spouse ( ) Self ( )

**SECTION III**

**EMPLOYEE CERTIFICATION**

I certify that the above-named individual is a dependent as defined by the Internal Revenue Code currently in effect and, if requested by the College, agree to provide appropriate documentation to support dependency status. I will promptly advise the Office of Human Resources of any change in dependency status.

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

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

\_\_\_\_\_  
Date

Department \_\_\_\_\_ Faculty ( ) Administrator ( ) Support Staff ( ) Coach ( )

**COLLEGE CERTIFICATION**

I certify that under the applicable personnel policies of the College, the above-named individual qualifies to participate in the Tuition Remission Program and recommend that tuition remission benefits in the amount indicated be awarded to the above-named student.

Approved \_\_\_\_\_

Denied \_\_\_\_\_

\_\_\_\_\_  
Reviewed by Human Resources

\_\_\_\_\_  
Date