



FLORIDA MEMORIAL UNIVERSITY
Tuition Remission Form

Employee Information

Name: Last First MI

Home Address: City State Zip

Department: Job Title:

Dependent Information

Please indicate which family member is receiving benefit. CHILD SPOUSE

Name: Last First MI

Birth date: SS#

Expected Graduation Date: 1st time FLMU student:

Course Information

Semester: Total Credits/Hours: (Taking this semester)

#Credits Course# Course Title Time Days

Required Signatures

Employee Signature: Date:

Approved: Supervisor Date:

Vice President: Date: Approval required if course is during working hours.

For Human Resource Use Only

Eligible Ineligible

Explanation of ineligibility:

Human Resource: Date: