

Vassar College
**Tuition Remission for Non-
Matriculate/Special Students Attending
Vassar College**

Section #1:

Employee Information:

Name: _____ ID# _____
(PRINT: LAST FIRST) SS# (last 4 digits) _____

Check One: _____ Admin _____ Service _____ Staff

SECTION #2:

Student information:

Check One: ____ *Dependent Child ____ Spouse ____ Domestic Partner
Name: _____ ID# _____
(PRINT: LAST FIRST) SS#(last 4 digits) _____

* Date of Birth: _____

SECTION#3:

What term are you requesting this tuition remission for?

Check One: _____ Fall _____ Spring

No. of Units approved _____

NOTE: Employees who leave the college before the end of a semester for which they, are receiving benefits must reimburse the college on a pro-rate basis for the benefits received for that semester. Failure to drop a course within the add/drop period may result in your paying for the course.

SECTION#4:

Employee Signature: _____ Date: _____

■ If you are interested in payroll deduction for your remaining balance, please see the Student and Employee Accounts Office

To be completed by Human Resources Department:

To: Student Accounts Department, Box 728
From: Human Resources Department, Box 712

_____ is eligible for full tuition remission as a
(Name of Student)

non-matriculated student for the _____ semester/year.

HR Authorized Signature

FD1000/CC3013/SC /FuncS0
Payroll Distribution Budget Number