



Howard University

Remission of Tuition Application Form

PLEASE REVIEW THE "POLICY STATEMENT ON REMISSION OF TUITION BENEFITS" PRIOR TO COMPLETING THIS FORM.

I. Type of Remission

Please check the box next to the appropriate description of the student.

- | | |
|--|---|
| <input type="checkbox"/> Howard University Employee (Self) | <input type="checkbox"/> Howard University Employee Dependent |
| <input type="checkbox"/> Howard University Retiree Dependent | <input type="checkbox"/> Howard University Retiree (Self) |

Term

Please check the box next to the semester and enter the respective year tuition remission is requested for.

- Fall
 Spring
 Summer I
 Summer II
 20 _____

II. Employee Data

Please enter the requested information above the line and check the appropriate boxes.

Last Name	First Name	Middle Initial	Employee ID#
Email Address	Phone Number	Date of Hire	Department
Employee Type: <input type="checkbox"/> University Faculty		<input type="checkbox"/> University Staff	
<input type="checkbox"/> Retiree (Retirement date: __/__/____)		<input type="checkbox"/> Other: _____	
Salary Type: <input type="checkbox"/> Full-Time		<input type="checkbox"/> Half-Time	

III. Student Data

Please enter the requested information above line and check the appropriate boxes.

Last Name:	First Name:	Middle Initial
Student ID#	Date of Birth	Email Address
Classification (check one): <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Professional		
School/College (check one): <input type="checkbox"/> Arts & Sciences <input type="checkbox"/> Business <input type="checkbox"/> Communications <input type="checkbox"/> Divinity Education <input type="checkbox"/> Engineering, Architecture & Computer Sciences <input type="checkbox"/> Graduate School Nursing & Allied Health Sciences <input type="checkbox"/> Pharmacy <input type="checkbox"/> Social Work		

Semester Course Schedule (Employees Only)

Course Title	CRN	Credit Hours	Time
TOTAL CREDIT HOURS:			

Semester Course Schedule (Dependents /Retirees Only)

	TOTAL CREDIT HOURS:
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REMISSION OF TUITION BENEFITS ATTESTATION

TUITION REMISSION FOR UNDERGRADUATE EDUCATION:

- To secure remission of tuition, I certify that Howard University currently employs me as faculty or staff and has employed me for at least one year of continuous service (excluding service as a Teaching Assistant, Teaching Fellow, Graduate Assistant, Assistant Instructor, or similar student positions which are not eligible for this benefit).
- I have been advised that to remain eligible for benefits, the enrollee must maintain good academic standing as defined by the University and that Howard University reserves the right to demand immediate restitution and/or benefit termination for all ineligible recipients found to have submitted a false claim for remission of tuition benefits.
- I understand that a new application must be completed for each semester, including summer session, I have also read and understood the University’s “Policy Statement on Remission of Tuition Benefits” (available online at <https://hr.howard.edu/working-hu/tuition-benefits>)

FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA):

- Please note: Howard University mandates that all students have a Free Application for Federal Student Aid (FAFSA) for domestic students or an International Student Financial Aid Application (ISFAA) for international students on file before the Office of Financial Aid will post any merit or awards to student accounts. This gives the Office of Financial Aid the data needed to ensure the equitable distribution of university aid.
- The FAFSA can be completed and/or corrected at www.studentaid.gov. Howard University’s School Code is 001448. Please contact finaid@howard.edu for questions about applying for financial aid or the ISFAA.

TUITION REMISSION FOR GRADUATE EDUCATION:

- Employees/Retirees seeking Tuition Remission for graduate education for yourself, please read thoroughly the applicable statement.
- By signing this form, I acknowledge that I am applying for Tuition Remission for my own education in courses at the graduate level, and I understand that I will be taxed for the value of the Tuition Remission that may exceed \$5,250 for graduate level courses.

Please sign and date below:

Employee: _____

Date: _____

Dependent: _____

Date: _____

Department Head: _____

Date: _____