

## Tuition Waiver Form – Employee

**Instructions:** Please send completed waiver form (including Department Head/Chair signature) to Human Resources (hr@emerson.edu). Once approved, Human Resources will forward to Student Accounts & Financial Aid and the Office of the Registrar. The Registrar’s Office will send a PIN required for registration to matriculated (degree) students. Non-matriculating (non-degree) students will be registered by the Registrar’s office, on the Friday before the first day of class.

Employee’s Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Employee’s Date of Hire: \_\_\_\_\_ Student ID#: \_\_\_\_\_

*Eligible employees for this benefit include full-time staff and full-time faculty members (tenure/tenure track and term faculty).*

Year 20\_\_ Semester (check one): \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer I \_\_\_ Summer II \_\_\_ Intersession\*

Degree Program (check one): \_\_\_ Undergraduate \_\_\_ Graduate

Status (check one): \_\_\_ Matriculated \_\_\_ Non-Matriculated

\*Intersession course credits will be charged to the semester immediately following.

*A full-time staff member is entitled to tuition remission for up to eight credits per semester; a full-time faculty member (tenure/tenure track and term faculty) is eligible for up to four credits per semester.*

Course #	Credits	Course Title	Day/Time

*Directed Studies and Direct Projects are not covered under this benefit. Internships are covered for matriculated students only. Two-credit course MU 353 and MU 354 are covered for matriculated performing arts majors only (MU 253 and 254 are not covered).*

With approval of his/her department manager, an employee may be allowed to take courses (not to exceed 4 hours per week) during regularly scheduled work hours. Please propose how the time is to be made up in the space below.

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I attest that the information presented on this document is true. I confirm that I have read and agreed to all provisions and exclusions under the Tuition Remission Benefit policy, including the information regarding taxation of tuition.

Employee’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approval Signatures: \_\_\_\_\_ Date \_\_\_\_\_

(Department Head/Chair)

\_\_\_\_\_ Date \_\_\_\_\_

(Human Resources Representative)