

Claflin University
Orangeburg, South Carolina
TUITION REMISSION APPLICATION

The Granting of Tuition Remission Does Not Guarantee Admission to Claflin University.

Employee Information:

_____			_____	
Employee's Name			Social Security #	

Street Address		City	State	Zip Code
Employment Information _____			Full-Time ____ Yes ____ No	
Position				
Student Information _____			_____	
Student Name (if different from above)			Social Security #	
Student's Relationship to Employee: ____ Self ____ Dependent				
Applying for Session: Academic Year ____ Fall ____ Spring ____ Summer ____				
How many credit hours does the student plan to take this session? _____				

Dependent Information:

I certify that the above student is my dependent/dependent child as defined by the Internal Revenue Service. I agree to furnish documentation in support of the above statement if requested. I also certify that I am currently serving the University in a full-time capacity.

_____	_____
Employee's Signature	Date
_____	_____
Supervisor's Signature	Date
_____	_____
Vice President's Signature	Date
_____	_____
Director of Human Resources	Date
Certification of Full-Time Employment	
_____	_____
Vice President for Fiscal Affairs	Date
_____	_____
Director of Financial Aid	Date

Verification of Student Registration:

The Registrar's signature below verifies that the employee or dependent registered for the period designated and has shown satisfactory progress (at least a 2.0 GPA) for the previous semester.

_____	_____
Registrar	Date