



# Noncredit Tuition Remission Application

A separate application for tuition remission must be completed for each noncredit class *paper* registration. This form must be filed with your *paper* course registration form and forwarded to the **School of Professional and Continuing Studies** at least two (2) weeks prior to start of class.

## Student Information

Name \_\_\_\_\_ UR ID# \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant is:  UR Faculty/Staff  Spouse  Child\*  Domestic Partner

\*Note: If child is 23 years or older, he/she must meet the definition of a legal dependent of the employee as stipulated by the U.S. Internal Revenue Code. In this case, proof of eligibility is required.

## Course Information

Title \_\_\_\_\_

CRN \_\_\_\_\_ Cost \$ \_\_\_\_\_

**This is NOT a registration form. Student must also complete a course registration form.**

Visit [spcs.richmond.edu/thinkagain](https://spcs.richmond.edu/thinkagain) for a current registration form.

## Signatures

*I understand that this application will be reviewed under existing University policy regarding tuition benefits for employees, and that such benefits will automatically terminate at the time the employee leaves the employment of the University. **Should employment terminate prior to completing half of a session in which any tuition remission was received, the employee will be responsible for the full cost of the session.** Visit [hr.richmond.edu](https://hr.richmond.edu) for details.*

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_ Signature of Student (if different) \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYEE MUST COMPLETE THIS SECTION

### Employee Information

Name \_\_\_\_\_ Employment Date \_\_\_\_\_

Office/Department \_\_\_\_\_

Employee Type (select one):  Faculty  Staff

Employment Status (select one):  Full Time  Part Time

## INTERNAL USE ONLY

### Approval

This student is eligible for the following tuition waiver (amount): \$ \_\_\_\_\_

Approval Signature \_\_\_\_\_ Term \_\_\_\_\_

### School of Professional & Continuing Studies

University of Richmond, VA 23173  
(804) 289-8133 | fax: (804) 484-1585  
[spcs.richmond.edu](https://spcs.richmond.edu)

