

CSC Dependent Children/Spouse Tuition Remission Application



Employee Name _____

CSC ID# _____

CSC Mail Box _____

Position and Department Name _____

Work Phone _____

Social Security Number _____

Dependent Name _____ Relationship _____

Dependent Children/Spouse Social Security Number _____

Address _____

Dependent date of Birth _____

City, State, Zip _____

Have you previously attended CSC?
No/Yes (When? _____)

If a full-time student at the College of St. Catherine, please list term and year you wish to register:
(A separate form is needed for each semester/term) Year: 20_____

Semester Program: ___ Fall ___ Interim ___ Winter **Term Program:** ___ Fall ___ Winter ___ Spring

Summer Session: ___ SSI ___ SSII ___ SSIII **Campus Attending:** _____ St. Paul _____ Mpls.

Please list the course(s) for which you wish to register:

Dept.	Course No.	Course Title	Credits

Not attending the College of St. Catherine? Please list the name of the College (ACTC), the term attending, and the number of credits. **A separate form needs to be completed for each semester/term.**

Name of College _____

Term Attending _____

No. of Credits _____

I hereby apply for Tuition Remission benefits for the above-named individual. This person is my:
___ Dependent Child ___ Spouse

Employee FTE Status _____

___ I have read and agree to follow the CSC Tuition Remission Policy.

I hereby authorize the following Tuition Remission benefit for the above-named employee's dependent:

___ % benefit at CSC for ___ credits

___ I have read and agree to follow the ACTC Tuition Remission Policy.

___ % benefit at _____
ACTC college name

Employees and/or dependents will be responsible to pay any student or instruction fees over and above tuition costs.

Human Resources Approval _____

Date _____

Employee Signature _____ Date _____