

CSC Employee Tuition Remission Application



Employee Name

CSC ID#

CSC Mail Box

Position and Department Name

Social Security Number

Home Address

Work Phone

City, State, Zip

Home Phone

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

Which campus will be attending? St. Paul _____ Minneapolis _____

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

Please check one: _____ Masters _____ Baccalaureate _____ Associate _____ Certificate

Program Name: _____

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

Dept.	Course No.	Course Title	Credits	Day/Time

Employees will be responsible for any student or instructional fees over and above tuition costs. Graduate courses are considered taxable income.

Please obtain your supervisor's approval to indicate that you have discussed your plans, have their support and have made appropriate arrangements regarding work assignments.

I have read and agree to follow the Tuition Remission Policy in the Employee Handbook.

Supervisor's Approval Date

Employee Signature Date

Eligible for _____% tuition benefit as a regular employee at CSC.

Human Resources Approval Date