



# On-Campus Tuition Remission Application

## Undergraduate Level/Continuing & Professional Education

**Semester:**     Fall                       Spring                       Summer I                       Summer II                       Winter Intersession                       May Intersession

**Year:** \_\_\_\_\_

**Level:**     Undergraduate     Continuing & Professional Education

**PART I** (To be completed by Employee.)

*Name* \_\_\_\_\_

*UID #* \_\_\_\_\_

*Department/Campus* \_\_\_\_\_ *Ext.* \_\_\_\_\_

*E-Mail* \_\_\_\_\_

**PART II** (To be completed by Employee if Student is different from Employee.)

*Name of Student* \_\_\_\_\_

*UID#* \_\_\_\_\_

*Matriculation Date* \_\_\_\_\_ *Date of Birth* \_\_\_\_\_ *Relation to Employee* \_\_\_\_\_

*Expected Graduation Date* \_\_\_\_\_

**PART III** (Class Schedule -To be completed by Employee.)

	Course Title	Course #	Day	Time	Credits
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
<b>Total Credits</b>					_____

**PART IV** (To be completed by Employee's Supervisor – Only applicable if Staff employee.)

I have reviewed the class schedule above in Part III and certify that it is not in conflict with this employee's lunch or regularly scheduled work hours.

Work Schedule:    Days: \_\_\_\_\_ to \_\_\_\_\_    Time: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*



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**PART V** (To be completed by Employee – A or B must be checked. Please contact your campus Financial Aid Office for further information.)

(A) I certify that I have completed an *Express TAP Application* (ETA) for myself (or my spouse or child), and have thereby determined that TAP benefits are not available to me (or my dependent).

(B) Non-TAP Eligible (Non-New York State Resident)

I certify that the applicant is not entitled to any other tuition remission benefits from any other source. I also certify that all information contained in this application is complete and accurate, and I understand that if it is not, this On-Campus Tuition Remission Application may be voided.

**DISCLAIMER:** Please review the following policies/responsibilities governing the On-Campus Tuition Remission benefit:

- The On-Campus Tuition Remission Application must be submitted to the Office of Student Accounts by the following dates (failure to comply with the timelines may delay posting of your benefit and result in a late fee assessment, which is the responsibility of the Student):
  - o August 1<sup>st</sup> for the Fall session
  - o December 1<sup>st</sup> for the Winter session
  - o January 1<sup>st</sup> for the Spring session
  - o April 1<sup>st</sup> for the May session
  - o May 1<sup>st</sup> for the Summer and August sessions
- A new application must be submitted and approved if there are any changes to the courses listed on this application or if you change your program/major.
- The On-Campus Tuition Remission benefit addresses tuition charges and the general institution fee only. All other applicable fees are the responsibility of the student.
- Students with outstanding (prior semester) balances are ineligible for Tuition Remission benefits. This application is void until such balances are paid.
- Undergraduate On-Campus Tuition Remission for registered Domestic Partners and Dependents is subject to tax withholdings in compliance with Section 117 of the IRS code.
- Refunds generated as a result of On-Campus Tuition Remission benefits may be delayed until accounts are reviewed by the Financial Aid staff for over awards. ALL FINANCIAL AID (FEDERAL, STATE, INSTITUTIONAL) RECEIVED PRIOR TO POSTING OF TUITION REMISSION BENEFITS IS SUBJECT TO REDUCTION/CANCELLATION.
- Students enrolled in combined degree programs (which involve both undergraduate and graduate courses) must complete both an On-Campus Tuition Remission Application Undergraduate Level form and an On-Campus Tuition Remission Application Graduate Level form. Please contact the Office of Student Assistance (OSA) if there is a question regarding whether or not a particular course will be considered at the undergraduate level or the graduate level.
- If the Employee separates from the University during the session covered, the On-Campus Tuition Remission benefit will be terminated effective the last date of employment. The student will be responsible for the pro-rated amount of tuition and the General Institution Fee.
- Failure to comply with the procedures described herein will result in cancellation/revocation of the application and benefits under Pace University's On-Campus Tuition Remission Program.

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*Employee's Signature*

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*Date*



# On-Campus Tuition Remission Application Undergraduate Level/Continuing & Professional Education

**THE PAYROLL OFFICE MUST SIGN OFF ON UNDERGRADUATE LEVEL ON-CAMPUS TUITION REMISSION APPLICATION FORMS FOR A REGISTERED DOMESTIC PARTNER/DOMESTIC DEPENDENT PRIOR TO SUBMISSION OF THE FORM TO HUMAN RESOURCES.**

**PART VI** (To be completed by Payroll Office, if applicable.)

This is to certify that \_\_\_\_\_ (employee) has spoken with me and understands his/her tax withholding obligation, under Section 117 (Domestic Partner/Domestic Dependent) of the IRS code, for the \_\_\_\_\_ calendar year.

\_\_\_\_\_/\_\_\_\_\_  
*Payroll Office Signature* *Date*

**PART VII** (To be completed by Human Resources.)

This is to certify that \_\_\_\_\_ is entitled to On-Campus Tuition Remission benefits as indicated in # \_\_\_\_\_ of the On-Campus Tuition Remission criteria.

- Staff       Faculty       F/T     P/T     Retiree/LTD       Self     Spouse
- Other \_\_\_\_\_       Child to age 24  
 Child aged 24 - 30

In accordance with the OSA guidelines, applications must be submitted to Human Resources prior to the OSA filing deadline. If not, the OSA Office will impose a late fee, which is the responsibility of the applicant.

\_\_\_\_\_  
*Human Resources Signature*

\_\_\_\_\_  
*Date*