

**ANNA MARIA COLLEGE
TUITION REMISSION – CERTIFICATE OF ELIGIBILITY**

INSTRUCTIONS: Before completing this form, please read carefully the Anna Maria College Tuition Remission Policy, (revised July 1, 2008) to determine your eligibility for tuition remission benefits. Please return this form to Human Resources for approval before registering for classes with the Registrar.

Employee Name: _____

Position Title _____

Department _____

Hire Date _____

Tuition Benefits for: ___ Self ___ Dependent Child* ___ Spouse*

* Name of Dependent _____

Student ID #: _____

Courses to be taken: Semester _____

Course # _____

Course # _____

Course # _____

Course # _____

I certify that as an employee of Anna Maria College I am eligible for tuition remission benefits for myself and/or dependent as listed:

Employee Signature: _____ Date: _____

Authorization:

_____ Date: _____

Supervisor

_____ Date: _____

Department Manager

_____ Date: _____

Human Resources Director