

**MOLLOY COLLEGE
OFFICE OF CONTINUING EDUCATION
TUITION REMISSION REQUEST FORM**

EMPLOYEE INFORMATION:

Please Print

Last Name, First Name

Social Security Number

Department

Date of Employment

STUDENT INFORMATION:

Last Name, First Name

Relationship to Employee

Address: _____

Phone: (Day) _____ (Eve) _____

COURSE INFORMATION: (ONLY ONE COURSE PER FORM)

Course Name

Course No. AND Section

Supervisor=s Signature (*if Applicable*)

Regular Course Charge

TUITION REMISSION INFORMATION: <i>For Human Resources Use Only</i>	

Fee for Course/Amount of Discount	
Charge Human Resources Budget _____	
_____	_____
Authorized Signature	Date

**Present this APPROVED form at the Continuing Education Office
with your payment at registration**