



1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002
www.molloy.edu

Part-Time Student Tuition Remission Request Form

Undergraduate Dual Degree Program Graduate Doctoral

PLEASE PRINT ALL INFORMATION FOR THE ACADEMIC YEAR

Application forms must be completed annually by the student and the employee and returned to the Office of Financial Aid by the relevant deadline; Summer Semester (March 31) Fall Semester (May 31) Spring Semester (November 15)		
Employee Name:	Employment Date:	<input type="checkbox"/> Administrator <input type="checkbox"/> Coach <input type="checkbox"/> Faculty <input type="checkbox"/> Staff
Employee Department:	Employee Status: <input type="checkbox"/> FT <input type="checkbox"/> PT, Hrs/Wk _____ <input type="checkbox"/> Credits per Semester _____	
Relationship to Student Applicant:		
Student Name:	Student Social Security #:	
Student Address:		
Student Telephone#:	Student Birth Date:	Student Marital Status:

Applying for Academic Year: _____

Session:

- Summer Summer I: Total # of Credits: _____ Summer II: Total # of Credits: _____
 Summer III: Total # of Credits: _____ Summer S: Total # of Credits: _____ Summer L: Total # of Credits: _____
 Fall Total # of Credits: _____ **PLEASE COMPLETE ALL SESSIONS FOR ACADEMIC YEAR IF APPLICABLE**
 Intersession Total # of Credits: _____
 Spring Total # of Credits: _____

- How many degrees, or part thereof, excluding current degree track, have you earned utilizing Tuition Remission? _____
- If student is a Molloy College employee: Are any of your courses scheduled during your work day? _____
If yes, how do you plan to cover/makeup your missed time? _____

As per the Internal Revenue Service, tuition remission may be considered a taxable fringe benefit to the employee. In determining the taxability of this benefit, please indicate if this individual is considered a dependent on your income tax return.

- The above individual **is** claimed as a dependent on my income tax return
 The above individual **is not** claimed as a dependent on my income tax return

Student Signature: _____ Date: _____

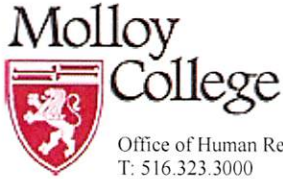
Employee Signature: _____ Date: _____

****Please return this form to the Office of Human Resources****

Human Resources Purposes Only

Percentage of Tuition Remission: _____, provided **all** necessary forms are completed with the Financial Aid Office

Authorized Human Resources Signature: _____ Date: _____



Office of Human Resources
T: 516.323.3000
F: 516.323.3067

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Full-Time Student Tuition Remission Request Form

Undergraduate Dual Degree Program Graduate Doctoral

PLEASE PRINT ALL INFORMATION FOR THE ACADEMIC YEAR

Application forms must be completed annually by the student and the employee and returned to the Office of Financial Aid by the relevant deadline;		
Summer Semester (March 31)	Fall Semester (May 31)	Spring Semester (November 15)
Employee Name:	Employment Date:	<input type="checkbox"/> Administrator <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Coach <input type="checkbox"/> Faculty <input type="checkbox"/> Staff
Employee Department:	Status: <input type="checkbox"/> FT <input type="checkbox"/> PT, Hrs/Wk _____ <input type="checkbox"/> Credits per Semester _____	
Relationship to Student Applicant:		
Student Name:	Student ID:	
Student Address:	Student Social Security #:	
Student Telephone#:	Student Birth Date:	Student Marital Status:

Applying for Academic Year: _____

Session:

- Summer Summer I: Total # of Credits: _____ Summer II: Total # of Credits: _____
 Summer III: Total # of Credits: _____ Summer S: Total # of Credits: _____ Summer L: Total # of Credits: _____
 Fall Total # of Credits: _____ **PLEASE COMPLETE ALL SESSIONS FOR ACADEMIC YEAR IF APPLICABLE**
 Intersession Total # of Credits: _____
 Spring Total # of Credits: _____

❖ How many degrees, or part thereof, excluding current degree track, have you earned utilizing Tuition Remission? _____

As per the Internal Revenue Service, tuition remission may be considered a taxable fringe benefit to the employee. In determining the taxability of this benefit, please indicate if this individual is considered a dependent on your income tax return.

- The above individual **is** claimed as a dependent on my income tax return
 The above individual **is not** claimed as a dependent on my income tax return

Tuition Remission Agreement

I understand that full-time 100% Tuition Remission recipients MUST COMPLETE the online FAFSA and/or TAP APPLICATION for the Academic Year and SUBMIT THIS FORM TO THE OFFICE OF FINANCIAL AID in order to qualify for Tuition Remission. Failure to complete these steps will result in full liability for tuition or cancellation of registration.

Student Signature: _____ Date: _____

Employee Signature: _____ Date: _____

****Please return this form to the Office of Financial Aid****

Human Resources Purposes Only

Percentage of Tuition Remission: _____, provided all necessary forms are completed with the Financial Aid Office

Authorized Human Resources Signature: _____ Date: _____

**** To be used by full-time students only. ****