



# MOLLOY UNIVERSITY

## OFFICE OF CONTINUING EDUCATION TUITION REMISSION REQUEST FORM

### EMPLOYEE INFORMATION:

**Please Print**

\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Employee ID 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

<b>TUITION REMISSION INFORMATION:</b> <i>For Human Resources Use Only</i>	
_____ <b>Fee for Course/Amount of Discount</b> Charge Human Resources Budget _____	
_____ <b>Authorized Signature</b>	_____ <b>Date</b>

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