MITCHELL | HAMLINE
School *of* Law

TUITION REMISSION APPLICATION

SECTION 1: EMPLOYEE INFORMATION (Please type or print)					
Last Name	First	MI	Employee No.	Telephone	Date of Hire
Street Address			City, State, Zip	Employment Status: _____	

SECTION 2: SEMESTER INFORMATION
Application for the benefit for: (CHOOSE ONE SEMESTER PER FORM)
Course Name:_____ (if not enrolled in J.D. or LL.M program)
Academic Year: _____   □ Summer   □ Fall   □ J-Term   □ Spring

SECTION 3: STUDENT INFORMATION (If employee is not the student)				
Last Name	First	MI	Relationship to Employee □ Spouse □ Child	Email Address
Enrollment Date				

CERTIFICATION: I agree that I have read and understand the Tuition Remission policy. I certify that the above information is accurate and true to the best of my knowledge.

Employee Signature	Date

SECTION 4: HUMAN RESOURCES APPROVAL

☐   I have reviewed this application and certify that the eligibility requirements for employee and dependent (if applicable) have been verified.

_____   _____
Signature   Date

□ Copy to Financial Aid   □ Copy to Student Accounts   □ Copy to Admissions   □ Copy to Payroll for W-2 Purposes

Amount to be considered for tax purposes: _____