

# CENTRAL STATE UNIVERSITY

Wilberforce Oh 45384

## APPLICATION FOR FACULTY & STAFF REMISSION OF FEES

Semester: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Age: \_\_\_\_\_

Employee: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Faculty  Staff

Level of Study:  Undergraduate  Graduate

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify by affixing my signature above that the information provided is true and accurate.*

### APPROVALS:

Area/Organization Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Office: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Amount of Fee Remission \$ \_\_\_\_\_ Credit Hours \_\_\_\_\_

Cash Management \_\_\_\_\_

Effective January 1 1995 the University will include the cost of **graduate level courses on the employee W-2 as income whenever the Faculty Staff Tuition Remission is used.**

This is in accordance Section 127 of the Internal Revenue Code which was reauthorized by Congress in 1994.

