



TUITION FEE REMISSION APPLICATION FORM DEGREE-CREDIT COURSES / DEGREE PROGRAM FOR ACADEMIC STAFF

PART A. APPLICANT TO COMPLETE AND FORWARD TO APPROPRIATE DEAN/DIRECTOR/HEAD OF ADMINISTRATIVE UNIT

Name: Employee #: Student #: Employee Group: UMFA Department: Office phone #: Interdepartmental mailing address: E-mail address:

1. Degree-Credit Course(s) Courses that begin and end on the same dates can be put on the same form. Please complete separate forms for courses that begin or end on different dates. Form must be submitted at the time of registration, for approval prior to course start date. Course #(s): 1) Course 1) Cost: \$ 2) Title(s): 2) Cost: \$ 3) 3) Cost: \$

- OR -

Degree Program (for which a program fee is paid) registered in: Cost: \$

2. University: Manitoba Other (specify): Course/Session Begins: Course/Session Ends: Faculty: Year: Session: Regular Summer Distance

3. Photocopy of fee statement: Attached To be submitted with mark / proof of satisfactory completion

4. Declaration I declare, for purposes of this tuition fee remission application, that: a) I am a full-time academic staff member of the University; b) I shall notify the Executive Director of Human Resources, forthwith, of any change affecting my eligibility for remission of tuition fees; c) I have reviewed and understand the eligibility requirements for tuition fee remission; d) the information provided in this application is accurate and correct.

Applicant's Signature: Date:

PART B. DEAN/DIRECTOR/HEAD OF ADMINISTRATIVE UNIT TO SIGN AND FORWARD TO LEARNING & DEVELOPMENT SERVICES, 222 ISBISTER BUILDING

I authorize the application. If this is for a program of study leading to a graduate degree or diploma leading to a change in specialization in accordance with Clause 7.2 (UMFA) or Clause 15.3 (UMDCSA), my written recommendation for approval is attached.

Signature: Date:

PART C. VICE-PRESIDENT (ACADEMIC) & PROVOST TO SIGN AND FORWARD TO LEARNING & DEVELOPMENT SERVICES, 222 ISBISTER BUILDING

I authorize this application.

Signature: Date:

PART D. FOLLOWING COMPLETION OF COURSE, COMPLETE THIS SECTION ON PHOTOCOPY, ATTACH TO MARK/FEE STATEMENT AND RE-SUBMIT TO LEARNING & DEVELOPMENT SERVICES

- Photocopy of mark statement
Photocopy of fee statement (if not already submitted)

PART E. FOR COMPLETION BY LEARNING & DEVELOPMENT SERVICES

1) Amount: \$ University start date:
2) Amount: \$
3) Amount: \$ Fiscal Year: 201 / 1 A #

Signature: Date: Photocopy sent Access

FOAP to be charged: 110000 - 520702 - 710101 - 1200 Amount to be Reimbursed: \$