

North Park University Employee Tuition Remission

NOTE: This form should be filled out if the student is also the employee. For dependents taking classes, please fill out the "Dependent Tuition Remission" form.

Employee Information

Name (please write legibly)

Employee ID Number

Program Information

Circle Program Level: Graduate Undergraduate

Please check the school(s) to which you have applied and will register for classes:

- ___ School of Adult Learning
- ___ School of Business and Non-Profit Management
- ___ School of Education
- ___ School of Music
- ___ School of Nursing
- ___ Seminary
- ___ Traditional Undergraduate

Name of program, certificate, or student-at-large: _____

General Tuition Remission Information

- You will be issued a 1098-T form required by the IRS that shows billing and scholarships and grants - including tuition remission grants. Please go to webadvisor.northpark.edu to consent to receive this form online.
- If the value of your graduate remission is over \$5,250, it is considered taxable income and will be reflected as such on your W-2. (SBNM courses are not considered taxable)
- Course and program fees such as text and materials, graduation fees, etc...are not covered by tuition remission. You will receive a bill for all fees (or a bill for \$0). You must make payment arrangements with Student Administrative Services. We encourage you to fill out a Payroll Deduction form to cover those.
- Depending on employment status (years of services, full time versus part time), only a portion of your tuition may be covered.
- **Complete tuition benefits are outlined in the employee handbook. I understand it is my responsibility as an employee to read and understand those.**

I understand the above tuition remission information, including potential income tax implications.

Employee signature

Date

Return completed form to Human Resources, Box 1.

All questions regarding tuition remission should be directed to the Human Resources Office.

For office use only

Employee Status FT ___ PT ___

Years of Service _____

PERC restriction _____

Completed by _____

Date Received _____