# **Tuition Remission Application**

**Retiree, ROTC Employee, and Affiliates ONLY**

## **Instructions**

For additional information about tuition remission (TR), refer to the university rules at [www.uc.edu/trustees/rules](http://www.uc.edu/trustees/rules) and benefits information at [www.uc.edu/hr/benefits](http://www.uc.edu/hr/benefits). This tuition remission application may ONLY be used for retiree/dependent, ROTC employee/dependent, and affiliate/dependent. Dependents may be defined as spouse/domestic partner/child(ren).

This application, along with required documentation noted below, must be completed every academic year and submitted prior to the semester start date. Incomplete applications and/or applications submitted without the specified required documentation may result in a processing delay. Tuition remission will not automatically apply when registering for classes on or after the first day of the semester. Student Health Insurance will automatically apply for dependents unless the student waives this coverage. Please retain a copy of this form and any attachments for your records.

This form is used to request tuition remission for both self AND dependent(s). Submit this form along with all required documentation to: [tuitionremission@uc.edu](mailto:tuitionremission@uc.edu).

Required documentation for your child:

* Your prior year’s federal tax return showing student listed as a dependent.
* If this is your FIRST use of tuition remission for the student listed, include a copy of the birth certificate.
* If the student is no longer your tax dependent, email UC Human Resources at [tuitionremission@uc.edu](mailto:tuitionremission@uc.edu).

Required documentation for your spouse/domestic partner:

* If this is your FIRST use of tuition remission for your spouse/domestic partner, include a copy of your marriage certificate or domestic partner affidavit

Use the spaces below to request tuition remission for yourself as well as your dependent. For more than one student, please submit separate applications.

## **Section A: Retiree, ROTC Employee, or Affiliate Member’s Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UCID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Section B: Student Information**

This section can be used for both self AND dependent.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year: 2024-2025

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Section C: Employer Certification**

This section and required signature is ONLY for Cincinnati Children’s Hospital and Medical Center (CCHMC) OR Veterans Administration (VA) affiliates and dependent requesting tuition remission. It is your responsibility to obtain the signature of the appropriate signer (below) and return the completed form and all attachments together to [tuitionremission@uc.edu](mailto:tuitionremission@uc.edu):

* **Lori Wantlin, CCHMC**
* **HR Vice President, VA**

I certify that the above-named affiliate is a current employee.

CCHMC Program Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

VA HR Vice President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

## **Section D: Retiree, ROTC Employee, or Affiliate Member’s Certification**

I certify that the above information and accompanying documents are true, correct, and complete. I have read and understand the university rules regarding tuition remission and the program guidelines through the link above. I acknowledge the requirements to maintain Satisfactory Academic Progress standards. I agree to provide additional verification documents upon request. Should the eligibility status of my dependent change, I agree to immediately notify UC Human Resources. I understand and agree that I will be personally responsible for reimbursing the university for the amount of tuition which was remitted if the student is or becomes ineligible for tuition remission according to the university rule. I am aware that there are certain circumstances when tuition remission is taxable.

Retiree, ROTC Employee, or

Affiliate Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

In appreciation of the tuition remission program, please consider making a gift online at [www.uc.edu/give](http://www.uc.edu/give).