

The high school tuition remission program is available only to full-time faculty, staff and administrators hired prior to February 1, 2004, and was retired thereafter.

LOYOLA BLAKEFIELD REQUEST FOR REMISSION OF TUITION AND DEPENDENCY CERTIFICATE

Academic Year: 20__ to 20__

TO BE CONSIDERED FOR TUITION REMISSION, THIS CERTIFICATE MUST BE SUBMITTED WITH A COPY OF YOUR LATEST FEDERAL TAX RETURN (FORM 1040) TO HUMAN RESOURCES **EACH YEAR** YOUR CHILD ATTENDS LOYOLA BLAKEFIELD.

Please check on appropriate box:

New Request

Renewal Request

Student's Name (print): _____

S.S.N: ____/____/____

Address: _____

City/State/Zip: _____

Month/Year student will enter/entered school: ____/____ Year of Graduation: ____

Employee's Name (print): _____ Department: _____

Date Hired Full-Time by Loyola University Maryland: ____ Campus Phone: _____

I hereby request a full remission of tuition for the above named student under the terms of the Tuition Remission Agreement between Loyola University Maryland and the above named high school. I understand that I am responsible for all mandatory fees required of students at your institution.

A copy of my most recent federal tax return is attached indicating that this student is my legal dependent within the meaning of the U.S. Internal Revenue Code.

I certify that the information provided on this application is accurate. I agree to provide a copy of my federal tax return for the year in which remission is granted for my dependent child no later that April 15 of the next year. If not submitted on time, or if false or misleading information is provided, I will be responsible for reimbursing the University for the total amount of tuition remission granted. If my employment should terminate during a semester, I may be responsible for a prorated portion of the remission.

Employee's Signature: _____ Date: _____

Eligibility Approved: _____ Date: _____

Tuition Remission Liaison
Loyola University Maryland Human Resources

Print Form