

PURDUE UNIVERSITY EMPLOYEE

REQUEST FOR STAFF, CHILD, SPOUSE/DOMESTIC PARTNER, OR GRADUATE AIDE FEE REMISSION
FOR ATTENDANCE AT
INDIANA UNIVERSITY—PURDUE UNIVERSITY FORT WAYNE

Please Print Clearly

Student's Name _____ Student ID Number _____

Employee Name (if different) _____ Employee Dept _____

Employee Status: ___ Faculty ___ Staff ___ Graduate Aide

Academic Year (Fall – Spring – Summer I – Summer II): 20__ - __ Dept Acct Number _____ - _____

___ Fee remission is for staff member:

- ___ Graduate or ___ Undergraduate
___ I am taking no more than 7 credit hours per semester/4 credit hours per summer.
(Exception to this policy must be approved prior to submission; use request form on reverse side.)
Per credit hour remit varies due to admit status and enrollment in distance learning courses.

___ Fee remission is for child/stepchild:

- ___ My child/stepchild is under 26 years of age (unless continuously enrolled since before age 26).
___ My child/stepchild is an undergraduate who does not already have a baccalaureate or professional degree.
___ This is my first baccalaureate degree at IPFW or another Purdue Campus.
Per credit hour remit varies due to admit status and enrollment in distance learning courses.
Graduate Staff, Part-time Lecturers and Visiting Scholars are not eligible for the staff child fee remission.

___ Fee remission is for spouse/domestic partner:

- ___ My spouse is taking no more than 7 credit hours per semester/4 credit hours per summer.
___ I have been regularly employed half time or greater for at least two years.
___ Graduate or ___ Undergraduate
Per credit hour remit varies due to admit status and enrollment in distance learning courses.
Part-time Lecturers and Visiting Scholars are not eligible for the staff spouse fee remission.

___ Fee remission is for graduate aide, graduate assistant or graduate administrative professional

REQUESTED: _____ RECOMMENDED: _____

Employee Date Employee's Dept Head or Supervisor Date

Employee must submit a new request at the beginning of each academic year (fall semester) or if changing employing department during the year. By signing this form the employee is certifying the relationship between the applicant and employee. If a staff appointment terminates within six weeks after the start of a semester or prior to July 1 during the summer period, and course work is continued, full fees will be assessed for the semester or summer period. The staff member is to contact the Bursar's Office in the event of a change in family status or termination.

Human Resources Use Only:

- ___ Employee is a regular, benefited employee; retiree; on permanent disability; graduate aide, graduate assistant or graduate administrative professional, of the department listed above.
___ If the fee remission request is for a spouse/domestic partner, employee has been continuously employed half time or greater for at least two years.

VERIFIED: _____
Human Resources Date