



2024-25 Tuition Remission Application

APPLICATION and ELIGIBILITY CERTIFICATION: (Please type or print clearly)

Employee Information table with fields: Last Name, First Name, Middle Initial, Employee ID No. Student Information table with fields: Last Name, First Name, Middle Initial, Student WIN. Includes checkboxes for requesting tuition remission for Summer II 2024, Fall 2024, Spring 2025, and Summer I 2025. Includes relationship selection options: Spouse, Dependent, Dependent of Divorced Spouse, and Designated Special Request.

POLICY: Western shall remit seventy-five percent (75%) of tuition and required fees (e.g. student assessment fee and sustainability fee) for attempted undergraduate courses at the University by the spouse or dependent child of a faculty or staff member, or by an individual designated by a faculty or staff member, provided all eligibility requirements are met.

EMPLOYEE ELIGIBILITY: The employee must have full-time benefits eligibility and be on the active payroll or on an approved leave of absence by the final day of registration for the semester or session for which tuition remission is requested.

STUDENT ELIGIBILITY: The student must meet all University admission requirements and maintain Satisfactory Academic Progress. Eligibility will not exceed 183 credit hours. Visit the Student Financial Aid web site for more information at: http://www.wmich.edu/finaid/pdf/non-year/sap.pdf

EXCLUSIONS: Remission does not apply to tuition for graduate or audited courses, nor to miscellaneous fees. If the student receives any WMU or external award that is limited to paying tuition and required fees, remission will only cover up to the remaining tuition and required fees.

Eligibility will be determined for the semester or session as specified in this application. Annual application to the program is required. An eligible dependent who began the remission program prior to the death or permanent disability of the employee will have up to four years of continuing eligibility after the event separating the employee from the University, under the current terms and conditions of the program.

I understand that if the above information is not accurate or if I do not promptly notify Human Resources of any change in status or eligibility, I am liable for the remitted portion of tuition and fees. If I become liable for the remitted portion, I agree, immediately upon the request of the University, to authorize deduction of the total amount that I owe from my pay in accordance with the law.

Employee Signature _____ Date _____

Mail application to: Human Resources, Western Michigan University, 1903 W. Michigan Ave., Kalamazoo, MI 49008-5217
Campus Mail: Human Resources, MS 5217 Email: hr-hris@wmich.edu Fax: 269-387-3441 Retain file copy.

HR use only: DOH _____ Benefits Eligible _____ Verified _____ Sent to SFA _____