



UNIVERSITY  
OF MANITOBA

# TUITION FEE REMISSION FORM

UNIVERSITY OF MANITOBA DEGREE-CREDIT COURSES  
& GRADUATE PROGRAMS FOR ACADEMIC STAFF

## PART A. PERSONAL INFORMATION (all information is required)

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ University Start Date \_\_\_\_\_  
 Department: \_\_\_\_\_ Employee Group: \_\_\_\_\_ Phone# \_\_\_\_\_  
 Faculty/Unit: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## PART B. COURSE INFORMATION

Instructions: The Course # consists of a 7-8 character alphanumeric code (e.g., HIST 1000 or ACC 4500).

### Option 1: Undergrad/Post-Baccalaureate Courses (courses numbered 1000-6999)

Course #	Course Name	Cost
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Option 2: Graduate Courses

Graduate Program \_\_\_\_\_ Program Fee \$ \_\_\_\_\_

## PART C. DEAN/DIRECTOR/HEAD OF ADMINISTRATIVE UNIT TO SIGN

I authorize the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART D. VICE-PRESIDENT (ACADEMIC) & PROVOST TO SIGN

I authorize this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART E. REQUIRED DOCUMENTATION

Mark Statement / Proof of Completion. Attached

Account Summary. Attached

## PART F. SIGNATURE

Declaration	I declare, for purposes of this tuition fee remission application, that:
	a) I am a full-time academic staff member of the University;
	b) I shall notify the Executive Director of Human Resources, forthwith, of any change affecting my eligibility for remission of tuition fees;
	c) I have reviewed and understand the eligibility requirements for tuition fee remission (see "Eligibility Requirements – Academic Staff" on web page);
	d) the information provided in this application is accurate and correct.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR COMPLETION BY LEARNING & ORGANIZATIONAL DEVELOPMENT

Date Received \_\_\_\_\_ Fiscal Year \_\_\_\_\_ University Start Date: \_\_\_\_\_

Added to Database

1) Cost: \$ \_\_\_\_\_

2) Cost: \$ \_\_\_\_\_

3) Cost: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOP to be charged: **110000 – 520702 – 1200** TOTAL REIMBURSEMENT: \$ \_\_\_\_\_