



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 #: _____ Phone# _____
Department: _____ Faculty/Unit: _____
UM Email Address: _____

PART B. COURSE INFORMATION

Instructions: The Course # consists of a 7-8 character alphanumeric code (e.g. HIST 1000 or ACC 4500).
Complete separate forms for Summer, Fall and Winter courses.
Six (6) credit hour courses are to be submitted on separate form (e.g. Introduction to Sociology)

Option 1: Undergrad/Post-Baccalaureate Courses (courses numbered 1000-5999)

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. 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: _____

OFFICE USE ONLY

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

I authorize this application.

Signature: _____ Date: _____

PART F: COMPLETION BY LEARNING & ORGANIZATIONAL DEVELOPMENT

Date Received _____ Fiscal Year _____ University Start Date: _____

Added to Database

Required Documentation	
Proof of Completion (Mark Statement)	_____
Proof of Payment (Account Summary)	_____

Graduate Fee: \$ _____
OR 1) Course Tuition \$ _____
2) Course Tuition \$ _____
3) Course Tuition \$ _____

Signature: _____ Date: _____

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