Claflin University
Orangeburg, South Carolina
TUITION REMISSION APPLICATION

The

_____ _____ _____
Employee's Name Social Security #

_____
Street Address City State Zip Code

Employment Information _____ Full-Time _____ Yes _____ No
Position

Student Information _____ _____
Student Name (if different from above) Social Security #

Student's Relationship to Employee: _____ Self _____ Dependent

Applying for Session: Academic Year _____ Fall _____ Spring _____ Summer _____

How many credit hours does the student plan to take this session? _____

Undergraduate Student _____ Graduate Student _____

Have you completed a FAFSA Form for the current academic year _____ Yes or _____ No

Dependent Information:
I certify that the above student is my dependent/dependent child as defined by the Internal Revenue

_____ _____
Vice President's Signature Date

_____ _____
*Registrar's Signature Date

Verification of Grade Point Average – showing satisfactory academic progress of at least 2.0 for an undergraduate student and 3.0 for a graduate student for the previous semester.

_____ _____
Director of Human Resources' Signature Date
Certification of Full-Time Employment

_____ _____
Director of Financial Aid's Date
Certification of FAFSA Completion

_____ _____
Vice President for Fiscal Affairs' Signature Date
Certification of Budget and StudTJ/TT8get