



**AMERICAN UNIVERSITY OF SHARJAH
HUMAN RESOURCE SERVICES**

TUITION REMISSION FORM

IMPORTANT NOTES:

- Incomplete Forms will not be processed. (*) indicates the important fields to fill.
- A new form is required for each term.
- Forms have to be submitted to Human Resources Department before the 1st day of classes otherwise student will be subjected to 400 late fees.

* Semester: Fall / Spring / Summer (20____))	*Date: _____
* Employee Name _____	*AUS ID # _____ @ _____

As per the AUS tuition remission policy, I the undersigned apply for tuition remission of the following:

*Student Name _____	*Student AUS ID # _____
Type of program	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
* Relationship to Employee	<input type="checkbox"/> Dependent (Daughter/Son) <input type="checkbox"/> Spouse <input type="checkbox"/> Self

Please note that the time away from work must be made up during the same work week, with agreement from your department director.

*Employee Signature: _____

For Human Resources Use only:

This certifies that the employee is a Full time and active employee, and is eligible to participate in the AUS tuition remission policy.

Student Medically Insured (HR policy) YES NO

Approved by:
Director of Human Resources _____ Date _____

For Office of Student Accounts only:

Processed by _____ Exemption Code # _____