

CLAREMONT MCKENNA COLLEGE  
TUITION REMISSION APPLICATION FORM

Please submit the completed form to Claremont McKenna College, Office of Human Resources, 528 N. Mills Avenue, Claremont, CA 91711-4417.

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**Part One: (To be completed by Employee)**

Name of Employee: \_\_\_\_\_ Campus \_\_\_\_\_  
Extension: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Does the student for which tuition remission is being requested meet the IRS definition of a dependent? Per IRS code, a dependent is defined as a son, stepson, daughter or stepdaughter who has not attained the age of 25 and is claimed as a dependent on the employee's tax return. \_\_\_\_ Yes \_\_\_\_ No

If you have retired from CMC within the past five years, are you currently employed by another employer? ☐ Yes ☐ No ☐ NA

If yes, where? \_\_\_\_\_

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**Part Two: (To be completed by Student)**

Name of Student: \_\_\_\_\_ Academic Period: \_\_\_\_\_

GPA: \_\_\_\_\_ Anticipated Year of Graduation: \_\_\_\_\_ Student I.D. Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of the institution you attend: \_\_\_\_\_

Billing address of the institution you attend: \_\_\_\_\_

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**The following documents must be submitted with this application:**

1. Current academic transcript or grade report from the last high school or college attended.
2. Billing statement from the college you will be/are attending.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Date

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**Part Three: (To be completed by the Office of Human Resources)**

Period Covered by Scholarship: Fall \_\_\_\_ Winter \_\_\_\_ Spring \_\_\_\_

Attending institution's tuition: \$ \_\_\_\_\_ Semester/Quarter

One-half attending institution's tuition: \$ \_\_\_\_\_ Per Semester/Quarter

One-half CMC tuition: \$ \_\_\_\_\_ Per Semester/Quarter

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

History of CMC scholarship: Academic Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Academic Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Academic Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Academic Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Remaining semesters/quarters of eligibility for: Student: \_\_\_\_\_ Employee: \_\_\_\_\_

Approval: \_\_\_\_\_

\_\_\_\_\_  
Signature of Assistant Vice President of Human Resources

\_\_\_\_\_  
Date