

LAWRENCE UNIVERSITY

ACM TUITION REMISSION RENEWAL APPLICATION

Employee's Name _____

Campus Department _____ Phone Extension _____

Student's Name: _____

Matriculation Date: _____

Was student claimed on your most recent tax return? Yes No → *If no, please explain.*

Requesting renewal for academic period 20_____ - 20_____ (Example 2011-2012)

Student will be a sophomore junior senior at the following institution:

Name of College/University State

Expected Graduation Date: _____

I understand that eligibility to participate in ACM Tuition Remission Program is determined by the guidelines adopted by Lawrence University and set forth in the Lawrence University Employee Handbook.

Employee Signature: _____ Date: _____

**PLEASE RETURN COMPLETED FORM TO:
OFFICE OF FINANCIAL AID, 711 E BOLDT WAY SPC 32, APPLETON, WI 54911**

---ACM TUITION REMISSION RENEWAL REQUESTS MUST BE SUBMITTED **ANNUALLY** BETWEEN JANUARY 15TH & APRIL 1ST ---