

LAWRENCE UNIVERSITY

DEPENDENT TUITION REMISSION RENEWAL APPLICATION

Employee's Name _____

Campus Department _____ Phone Extension _____

Student's Name: _____

Lawrence ID: _____ 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

Expected Graduation Date: _____

I understand that eligibility to participate in Lawrence University 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**

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