

REED COLLEGE
APPLICATION FOR TUITION REMISSION FOR DEPENDENT CHILD

Employee Name		Dependent Child Name		Date of Birth
Did you claim this child as a dependent on your Federal Income Tax Return during the preceding calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you intend to claim this child as a dependent during the current calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
College child is attending _____				
This payment is for: Quarter _____ Semester _____ Summer Session _____ Please indicate academic term and date (i.e., Quarter – Fall 2000)				
Applicable Tuition and Fees are: \$ _____ (Please attach a bill or receipt that may be retained by the Business Office)				
All payments will be made directly to the college. If the payment must be received by a certain date, please request payment at least two weeks prior to due date. Each check will be accompanied by a letter requesting a refund to you if you have already paid the fees indicated above.				
Date		Employee Signature		
FOR BUSINESS OFFICE USE ONLY				
COMPUTATION				
(1) Total undergraduate tuition and required fees charged student (excluded are lab fees and other special course fees, room, board, special optional health plan fees, etc.)		\$ _____	This represents _____ academic year equivalent this child has received this benefit.	
(2) Two-thirds of figure (1)		\$ _____		
(3) Maximum amount Reed will pay		\$ _____	Vendor # _____ Seq # _____	
(4) Amount due by Reed (If line (2) is less than line (3) enter amount on line (2) here) (If line (3) is less than line (2) enter amount on line (3) here)		\$ _____	Account to be charged	
		\$ _____	Description	
Prepared By		Date		
Approved By		Date	Document #	Completed Y