CONNECTICUT COLLEGE

TUITION REMISSION REQUEST FORM
FOR COLLEGE EMPLOYEES/SPOUSES/ALUMS/RETIREES

Name of College Employee: _____ ID#: _____

Name of Person Taking Course: _____ ID#: _____
(if spouse/dependent)

Circle Appropriate Qualifying Eligibility:

Employee / Spouse / Dependent / Alum / Retiree If Alum, Date of Graduation: _____
Dependent **must** be under 24 at end of year and claimed on income tax

Address: _____

Telephone Number: _____ Email: _____

Social Security No.: _____

I request tuition remission to enroll in:

Course registered: _____
Course Title CRN Number Course Number

Department: _____Academic Year:_____Semester (Fall or Spring): _____

Course to be taken for (check one): credit: ____ audit:____

Detailed instructions and deadlines regarding the Fall & Spring Special Student application and registration process are available at https://www.conncoll.edu/academics/registrar/special-students/ Questions about application and registration should be directed to degree@conncoll.edu

- Employees/Alumni/Retirees must submit a CC Affiliation Special Student Registration form and the Tuition Remission Request Form to the Office of the Registrar by the end of the drop/add period, as noted on the Academic Calendar.
- Spouses/Dependents must submit a Special Student Application form and all required material to the Office of the Registrar by the deadline stated on the Special Student website. After Admission, an Add form signed by the instructor as well as the Tuition Remission Request Form must be returned to the Office of the Registrar by the end of the drop/add period, as noted on the Academic Calendar.

Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____
(only if the employee is taking a course during working hours)

Course Fee: _____

Lab Fee: _____

Rev. 9/2023