



## APPLICATION FORM FOR TUITION REMISSION BENEFITS

Initial Application

Renewal Application

Eligible employees whose dependent child(ren) will attend RISD must complete this form before each academic year and return it to the Office of Human Resources as soon as reasonably possible. A separate form must be submitted for each child attending.

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**Employee Information:**

Name \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department \_\_\_\_\_

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**Student Information:**

Name \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Admission:  Fall Semester Year \_\_\_\_\_  
 Spring Semester Year \_\_\_\_\_

Level of Study:

Freshman  Sophomore  Junior  Senior  Architecture (5 year)

Relationship to Employee:  Dependent Child  Stepchild  Foster Child

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I certify that the information listed on this application is complete and accurate and that the student receiving this benefit is my legal dependent in accordance with IRS regulations. I also certify that any change in dependent status for the student listed above will be reported immediately to the Human Resources Department.

\_\_\_\_\_  
Employee Signature (required)

\_\_\_\_\_  
Date