

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
<i>Please see the college's HR website for more information regarding dependent children of divorced parents.</i>					
College child is attending:					
This payment is for: Quarter _____ Semester _____ Summer Session _____ Please indicate academic term and date (i.e., Quarter – Fall 2024)					
Applicable Tuition and Fees are: \$_____ (Please attach an itemized bill including the student's name and their college student ID number.)					
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, 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: (Enter the lesser of line (2) and (3)).		\$ _____		Account to be charged:	
				Description:	
Prepared By:		Date:			
Approved By:		Date:		Document #: _____	
				Completed: Y	