



APPLICATION FOR TUITION REMISSION  
as part of the  
**GRADUATE FELLOWSHIP PROGRAM**

Email completed form to [mmagallanes@whittier.edu](mailto:mmagallanes@whittier.edu)

The Whittier College tuition remission program is granted to those Graduate Fellows who have been officially accepted into the Fellowship program at the time of registration for classes. This benefit is applicable for classes taken during the term of the fellowship only. Under specific circumstances, eligibility for tuition waiver may include the summer following the academic year in which the services were rendered. Classes must be approved by the supervisor of the work assignment to ensure coverage of the Fellow’s instructional responsibilities and progress toward academic goals. All Graduate Fellows must be admitted in accordance with regular College admission policies and procedures. International study is excluded. No fees are covered by tuition remission. Examples of fees include, but are not limited to, application fees, transcript fees, room and board fees, international programs, graduate programs, teaching fees, overload fees, and music fees. The Tuition Remission benefit may impact Financial Aid funding.

**NOTE: All participants must receive a passing grade in their coursework to be eligible for these educational benefits. Participants who withdraw must do so within the published deadlines. Those who withdraw after the deadline or do not receive a passing grade will be responsible for the payment of tuition.**

Applications for Tuition Remission must be submitted to the Human Resources Office no later than the end of the first week of class. This form is valid for one semester only. A new form must be submitted for each semester that the Graduate Fellow is enrolled. By signing the application below, you acknowledge that you understand and will abide by the terms of the Graduate Fellowship Tuition Remission Program.

Graduate Fellow’s Name (please print): \_\_\_\_\_

Student ID#: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Student Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fellowship Program (circle one):    Broadoaks    Athletics    Fifth Dimension

COURSE NUMBER AND TITLE	UNITS	SCHEDULE

use additional sheet if necessary

Graduate Fellow’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Human Resources use only**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_