

TUITION REMISSION APPLICATION 2025-2026 Academic Year

Student			ID#	Birthdate	/	
	Last Name	First Nar				
	Street		City	State	Zip	
Student is an:	☐ - Undergraduate☐ - Undergraduate		4 achelor's degree ⁴ fro	m:		
Employee's Nam	e			BU Start Date	//	
Department	Campus	Email		Ext		
Student Applicatio Full-time Emplo		•	to be completed by t Employee Dependent	•	e ⁴	
☐ Full-time Employee Dorm Staff ¹		☐ Part-time F	aculty	☐ Spouse of Retire	ed Employee	
Spouse of Full-time Employee ²		☐ Spouse of	Part-time Faculty	☐ Child of Retired	Child of Retired Employee	
☐ Child of Full-time Employee³		☐ Child of Pa	rt-time Faculty			
Student Signature	(Must be a hand	dwritten signature)	Date		_	
	(Must be a hand	uwntteri signaturej	Date		_	
Eligible Employee's Si	gnature (Must be a han	dwritten signature)	Date			
provide additional Child/Depende Spous	documentation): nt:	al 1040 (top portice	es utilizing remission for 25-26 or 2024 I documents are rec	S FAFSA Federal 1040 (top po	ortion)	
¹ An eligible full-time employe <u>Plan</u> .	ee must meet the definition of "R	egular full-time employees"	as defined in the Bradley Univers	ity IRS approved Educational As:	<u>sistance</u>	
² The spouse of an employee	is eligible if married to the emp	loyee on the first day of the	academic term for which the bene	efit is being requested.		
	eligible employees not claimed		yee who was claimed as a deper cent federal tax return due to divo			
⁴ Under current IRS rules, the	ese categories of eligibility are p	artially or fully taxable to the	e employee.			
PLEASE RETURN TO:	Swords Hall 100 or Via our secure portal	at bradley.leapfile.no	et (use <u>bufinaid@fsmail.</u>	<u>bradley.edu</u> as recipient)	
For Office Use:		nd Bachelors oogle Sheet	Major: Communication	TR Code: Custom Da	ta > Text	