**STAFF FAMILY REMISSION OF FEES**

**APPLICATION FORM**

Please complete and **return to the Talent Development Unit, HR Division,** University of Limerick. Prior approval is required for **each** academic year.

**Staff Member Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff ID Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Year of Study**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duration of Course**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CAO**/**UL ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that:

1. The above named is my biological/adopted son/daughter □
2. This is the only course of study that has been undertaken as part of this policy □

OR

One of the following situations applies:

* + - 1. Where there is a leave of absence in the middle, the total benefit for this one programme cannot exceed four years. □
			2. Internal transfers may be considered provided that no additional costs are incurred by the University and the total benefit cannot exceed four years. □

Please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is not a repeat year □

***Staff Member Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Date:***\_\_\_\_\_\_\_\_\_\_\_

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**HUMAN RESOURCES DIVISION**

***To be completed by the HR Director:***

I/we wish to certify the above applicant is eligible for the Staff Family Remission of Fees.

***Authorised By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Human Resources Division***

***\*Remission of Fees applies to children of current staff employed by the University***

***prior to 30th September 1992 and staff who have since retired who fulfil the criteria.***