

JTS Tuition Exemption Form



Please download, complete, and submit this form to the JTS Registrar's Office prior to the first day of each semester that you are requesting a tuition exemption.

STUDENT'S PERSONAL INFORMATION

Last name: _____ First name: _____ M.I.: _____

Telephone: () _____ JTS ID number: _____

Email address: _____

JTS EMPLOYEE (check one):

Full-time staff:

Self Dependent child Spouse

Full-time faculty:

Self Dependent child Spouse

Part-time staff

Retired employee

NON-EMPLOYEE:

Non-employees applying for tuition exemption must follow the instructions at www.jtsa.edu/audit-jts-courses to apply via Open Classroom.

FULL TIME & PART TIME STAFF (please complete the following information):

Date hired (mm-yy): _____ Name of staff member and relationship to student (if applicable): _____

Signature of department supervisor: _____ Date: _____

COURSE INFORMATION

Year: 20____ Semester: Fall Spring Summer

Course #:	Section #:	Instructor:

REGISTRAR'S OFFICE USE ONLY (please do not write below this line)

TOTAL CHARGES: _____ Registrar staff has confirmed eligibility with the appropriate office (check box when completed).

Human Resources Office: JTS current and retired employees

Provost Office: JTS Faculty

Tuition exemption approval under guideline #: _____

Registrar's Office approval and signature: _____ Date: _____

Submitted to Bursar's Office on this date: _____