

**Lahore University of Management Sciences**  
**APPLICATION FOR DEPENDENT TUITION REMISSION**

Employee Name: \_\_\_\_\_

Faculty

☐

Staff

☐

Employee ID:

Date of Joining: -

D D

M M

Y Y

Department: \_\_\_\_\_

School: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

Relationship:

☐

Biological or adopted child

☐

Other \*

Date of Birth:

D D

M M

Y Y

\*A dependent child must be considered a dependent at the time the benefit is awarded and for any previous three years during the child's life

Student Roll Number:

☐

New or

☐

Returning Student

Tuition Remission is requested beginning with the term indicated below (check only one box):

20

Fall Semester

☐

Spring Semester

☐

I certify that the student named above is a dependent as defined by the policy.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Human Resources\*

\_\_\_\_\_  
Date

\*Certifies that the faculty/staff member has completed the required duration of employment as per the eligibility criteria stated in Faculty- Staff Dependents Tuition Remission Policy.