



## Spousal Remission Information Form

A student who is the spouse of a Marquette University employee must complete this form the first semester they take a class. Please download form to your computer, complete and save. The form can be sent as an attachment via email to our office at [marquettecentral@marquette.edu](mailto:marquettecentral@marquette.edu). You may also send the completed form via fax to (414) 288-4080, or via mail to the following address:

**Marquette University  
Office of the Bursar  
P.O. Box 1881  
Milwaukee WI 53201**

**Student  
Name**

---

**Student  
MUID**

---

**Term(s) of  
Enrollment**

---

**Employee  
Name**

---

**Employee  
MUID**

---

**Department**

---

**Phone**

**Extension**

---

**Date of Hire  
at Marquette**

---

**Employee Status**  Full-Time  Part-Time  Support Staff  Administrator  Faculty

**Employee  
Signature**

---

**Date**

---

Print Form