

Approved by: \_\_

## 2023-2024 Application for Tuition Remission for Dependent Children/Spouses

Please refer to the tuition remission policies available under Department of Human Resources in MyUE for detailed information about eligibility for the benefits.

The tax-exempt status of tuition remission benefits is subject to change annually. The manager of accounting and payroll will notify participants each fall and spring regarding any taxes owed on tuition remission benefits. Please contact the manager of accounting and payroll with questions about taxable benefits.

## Please return completed application to the Office of Human Resources with the appropriate signatures. Name of employee \_\_\_\_\_\_ UE ID # \_\_\_\_\_ \_\_\_\_\_ Campus phone # ext. \_\_\_\_ Employee's department \_\_\_\_\_ Student's relationship to employee: Dependent Spouse Is the dependent child under the age of 24 at the end of the 2023 calendar year? Note: If no, the student is not eligible for tuition remission. Is the student admitted to an undergraduate degree-seeking program at UE? ☐ Yes ☐ No If yes, will this be his/her first bachelor's degree? $\Box$ Yes $\Box$ No If no, will he/she be attending Harlaxton? ☐ Yes ☐ No If yes, enter term \_\_\_ Enter the number of credit hours for which the student intends to enroll each term. \_\_\_ Summer I 2023 \_\_\_\_\_Summer II 2023 \_\_\_\_\_ Fall 2023 \_\_\_\_\_ Spring 2024 Have you filed the FAFSA? $\square$ Yes $\square$ No Did you file the 2023-24 FAFSA before April 15, 2023? ☐ Yes ☐ No Is the student or employee in default on any federal education loans? Employee Affidavit: Initial the applicable statement. \_\_\_I certify that the student for whom I am requesting tuition remission is a dependent child, stepchild, or legally adopted child who lives with me and is or will be claimed\* as a dependent on my federal tax return for the calendar years in which the tuition remission benefit is received. Attach copy of birth or adoption certificate with initial request. \_I certify that the student for whom I am requesting tuition remission is my biological or adopted child who lives with his/her parent from whom I am divorced/separated and who has or will claim\* the student on his/her federal tax return for the calendar years in which the tuition remission benefit is received. Attach copy of birth or adoption certificate with initial request. \_I certify that the spouse for whom I am requesting tuition remission is my legal spouse and that we are not separated/divorced. \*If neither I nor my divorced/separated spouse claim the student, I will notify the Office of Student Financial Services. I understand that the amount of the tuition remission received will become taxable for the calendar year in which it was received. I hereby certify that: • The information given above is true and accurate. • I have read and understand the tuition remission policy. • I am eligible to receive tuition remission benefits for dependents/spouse as outlined in the tuition remission policy. \_Date signed\_\_\_\_\_ Signature of student \_\_\_\_ Signature of employee\_\_\_ \_Date signed\_\_\_ TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES Date of employment\_\_\_\_\_/\_\_\_\_\_ Eligible for\_\_\_\_\_\_% of benefit Human Resources approval \_\_\_\_\_ TO BE COMPLETED BY THE OFFICE OF STUDENT FINANCIAL SERVICES Meeting SAP: ☐ Yes ☐ No Birth certificate or adoption certificate on file?: ☐ Yes ☐ No Hours earned F/Y 2022-23: Cumulative hours earned \_\_\_\_\_\_ Hours awarded F/Y 2023-24: Summer I\_\_\_\_\_ Summer II \_\_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Total hours\_\_\_ Amount awarded: Summer I \$\_\_\_\_\_ Summer II \$\_\_\_\_\_ Fall \$\_\_\_\_ Spring \$\_\_\_\_\_

11/22

☐ Student not claimed as dependent on employee/spouse \_\_\_\_\_ tax return; Office of Accounting notified.