HUMAN RESOURCES
TUITION REMISSION REQUEST

This form must be completed for each semester in which benefits are being requested.

A. Eligible Full-Tim Faculty or Staff Member Information:

NAME ________________________________________________________

HOME ADDRESS __________________________________________________

CITY________________________ STATE ________ ZIP CODE _________

DEPARTMENT OR SCHOOL OF THE UNIVERSITY __________________________

POSITION HELD _____________________________ OFFICE PHONE NO. __________

THIS REQUEST FOR EDUCATION BENEFITS IS FOR:
(Please check one) *Employee □ Qualifying Child □ Qualifying Relative □ Spouse □

*If Employee is checked, please complete the Graduate Level Course Job Related Designation Form.

Will your *dependent be claimed on your IRS income tax to be filed for the current year?
**Yes_____ No_______

*A dependent child is defined as one who receives more than one-half support from the employee and is claimed as a dependent by the employee on his/her tax return in each year of the tuition benefit. Dependent children must be under age 19 or they must be full time students and be under age 24. **As proof of dependency, a copy of the "Filing Status" section of the employee's Federal Income Tax return must accompany the tuition remission application.

B. Student Information:

NAME __________________________________________ STUDENT ID# ____________

SCHOOL AT WHICH STUDENT EXPECTS TO REGISTER __________________________

SUMMER SEMESTER□ FALL SEMESTER □ SPRING SEMESTER □

FOR THE ACADEMIC YEAR 20___ - 20____ NO. OF CREDITS ____________

COURSE TITLE(S) AND NUMBER(S) __________________________

C. Statement of Certification by Faculty or Staff Member (If student is a spouse or dependent of employee)

I am currently employed on a full-time basis and hereby certify that the student named above is my spouse or dependent as defined by the Internal Revenue Code Section 152. I understand that this benefit for my spouse or qualified dependent and is treated as 100% taxable income to me, if classes are at the graduate level.

SIGNATURE __________________________ DATE ___________________

Please return all completed forms to:
University Benefits – Human Resources
2495 Amsterdam Avenue – Belfer Hall
New York, New York 10033
Ph: 646-592-4338 Fax: 212-960-0034
benefits@yu.edu

Revised 06/16
D. Certification of Applicant’s Employment Status:

The above-named ☐ Faculty ☐ Dean/Sr. Director ☐ Staff Member is full-time and eligible for Tuition Remission Benefits.

BENEFITS ASSOCIATE SIGNATURE _________________________ DATE _________________________

E. APPROVAL BY BENEFITS DIRECTOR __________________________ DATE __________________________

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<th>For Student Finance Use Only:</th>
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<tr>
<td>School Ind: ( ) Soc. Sec. ( ) Code ( ) Amount ( ) Term ( )</td>
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