

**HUMAN RESOURCES
TUITION REMISSION REQUEST**

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

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

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

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DEPARTMENT OR SCHOOL OF THE UNIVERSITY _____

POSTION HELD _____ OFFICE PHONE NO. _____

THIS REQUEST FOR EDUCATION BENEFITS IS FOR (check one):

1. Employee **I certify that the courses will not interfere with my normal work schedule**
If taking graduate level courses, please complete the [Graduate Level Course Job Related Designation Form](#)
2. Qualifying Dependent Child
3. Spouse

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. I am currently employed on a full-time basis. I understand that graduate level tuition benefits for employees may be treated as taxable income and that graduate level tuition benefits for my spouse or qualified dependent will be treated as 100% taxable income to me. I hereby certify that the dependent is my spouse or dependent child as defined by the Internal Revenue Code Section 152.

SIGNATURE _____ DATE _____

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 _____

For Student Finance Use Only:

School Ind: () Soc. Sec. () Code () Amount () Term ()