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 ____________________

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