

Tuition Remission Application

One form is needed for each employee, spouse, and dependent benefit.
Payment for any fees not covered by tuition remission should be made
to Student Accounting Services.

RETURN FORM TO:
Human Resources
25 Buick Street
Boston, MA 02215

1. NAME	Employee name (last, first, middle initial) _____ Employee identification number _____																																	
2. STATUS	Application for Tuition Remission benefit as a(n): <input type="checkbox"/> Active employee <input type="checkbox"/> Disabled employee* <input type="checkbox"/> Retired employee* <input type="checkbox"/> Beneficiary of deceased employee*																																	
	*If you are not an active employee, please provide Address _____ Telephone (_____)																																	
3. SEMESTER	Application for the benefit for (CHOOSE ONE SEMESTER PER FORM): <input type="checkbox"/> Fall semester <input type="checkbox"/> Summer Session (indicate which below) <input type="checkbox"/> Spring semester <input type="checkbox"/> Session I <input type="checkbox"/> Session II			For the semester that begins _____ (month and year)																														
4. COURSES	<p>Course Registration is handled separately through the Registrar's Office.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Course Information (for employee and spouse only)</td> <td style="width: 20%;">College</td> <td style="width: 20%;">Course No.</td> <td style="width: 20%;">Credit Hrs.</td> <td style="width: 20%;">Meeting Time</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>				Course Information (for employee and spouse only)	College	Course No.	Credit Hrs.	Meeting Time																									
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5. BENEFIT (CHOOSE ONE FOR EACH FORM)	<input type="checkbox"/> EMPLOYEE read the following. For graduate-level courses (600 AND ABOVE), Tuition Remission may be considered taxable income and reduce your take-home pay. IF CREDIT HOURS EXCEED 8, dean's or vice president's approval is needed on the line below. _____ approval signature/date (if applicable)		Please note that full-time employees may not have full-time student status. If course MEETING TIME is between 9 a.m. and 5 p.m., signature of department head or supervisor is required on the line below. _____																															
	<input type="checkbox"/> SPOUSE must complete the following. Spouse name (last, first, middle initial) _____ Student identification number _____ I certify that the above-named student is my legal spouse. NOTE: Graduate courses taken by your spouse under Tuition Remission are considered taxable income and will reduce your take-home pay.		<input type="checkbox"/> DEPENDENT must complete the following. Student name (last, first, middle initial) _____ Student identification number _____ I certify that the above-named student is my unmarried dependent child within the meaning of Federal Income Tax Law. Evidence of this relationship must be submitted with your application for this benefit.																															
6. SIGNATURE	I have read and understand the provisions of the Tuition Remission Program as described in the Faculty and Staff Benefits Handbook. I also agree to pay the University for any charges that may be due if I leave the University prior to the official end of semester. I understand that if I take or my spouse takes graduate courses, this benefit may be considered taxable income and reduce my take-home pay. I certify that the information on this application is correct and complete. _____ employee signature/date																																	
Internal Use Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Human Resources EE _____ 100% up to _____ credits _____ 90% additional 4 credits No limitation on no. courses or hours: SP _____ 50% 90% DP _____ 50% 100% </td> <td style="width: 50%; vertical-align: top;"> Review/Entry Check 1. _____ approved by/date Check 2. _____ approved by/date Entry _____ </td> </tr> </table>				Human Resources EE _____ 100% up to _____ credits _____ 90% additional 4 credits No limitation on no. courses or hours: SP _____ 50% 90% DP _____ 50% 100%	Review/Entry Check 1. _____ approved by/date Check 2. _____ approved by/date Entry _____																												
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