HR ____/____/____ Admissions ____/____/____ SFS ____/____/____

# Tuition Remission Benefit Application

See **policy 4.10 and 4.10.1 in the William Woods University Personnel Policy Manual** for full explanation of this benefit.

Check one

_____**Full-time Faculty & Staff** (must have completed a three-month probationary period of continuous full-time employment immediately prior to the beginning of any semester or undergraduate level class OR a one year period of continuous full-time employment prior to the beginning of any graduate level class)

_____**Assistantships** (must have a PAF on file with human resources) Please circle: graduate undergraduate

_____**Adjunct Faculty** (must have completed teaching 24 credit hours from July 1-June 30 to be eligible for the following fall and spring semesters of undergraduate classes. Adjunct Faculty is not eligible for any graduate and adult study courses. Any tuition benefits and/or amounts awarded above the cost of tuition deemed as taxable will be reflected on the employee's W2 as income)

_____**Sponsorship** (sponsoring a student that is not a dependent negates my tuition remission benefit for my dependents. Taxes on this benefit may be imposed as regulated by the IRS and reflected on your W2 as income which may result in additional taxes to be paid by you)

WWU *Employee Information*

_____
Last Name First Name M.I. SS#

*Student Information* (if different from employee)

_____
Last Name First Name M.I. SS#

*Circle Student's relationship to WWU employee:* self spouse dependent child other _____

*Enter the date the student completed the FAFSA*_____/_____/_____ (annual completion of FAFSA required}

*Indicate the start date and number of credit hours for this request:* ___/___/___ _____
Date of Start #of credits

*Circle the program in which the student is participating?*

Traditional/Undergraduate Accelerated/Undergraduate Graduate

*If the Employee is also the student and taking a class during working hours, supervisor approval is required prior to the HR Office granting eligibility status of this benefit. Obtain supervisor's approval by obtaining signature below.*

The above named employee has my permission to take the courses attached to this form.

_____ _____/_____/_____
Supervisor's Signature Date

A student schedule from the Registrar's Office ***must*** be attached for proper billing remission. A new application form must be completed and approved for each semester fall, intersession, spring and summer classes.

I certify that the above information is true. I have reviewed **policy 4.10 and 4.10.1 in the William Woods University Personnel Policy Manual** for full explanation of this benefit.

_____ _____/_____/_____
Employee's signature Date

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

To be completed by the Office of Human Resources Date of employment ____/____/____

____The employee is eligible for tuition remission. ____The employee is NOT eligible for tuition remission.

Assistantships Department_____ ____tuition _____room board_____

_____ _____ __/___/__

Human Resources Director Signature OR Chief Financial Officer Signature Date