



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

I. NAME

Employee name (last, first, middle initial) _____

Employee identification number _____

2. STATUS

Application for Tuition Remission benefit as a(n):

Active employee Disabled employee*

Retired employee* 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):

Fall semester Summer Session (indicate which below)

Spring semester Session I Session II

For the semester that begins _____

(month and year)

4. COURSES

Course Registration is handled separately through the Registrar's Office.

Course Information (for employee and spouse only)	College	Course No.	Credit Hrs.	Meeting Time

5. BENEFIT (CHOOSE ONE FOR EACH FORM.)

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.

<p><input type="checkbox"/> SPOUSE must complete the following.</p> <p>Spouse name (last, first, middle initial)</p> <p>_____</p> <p>Student identification number _____</p> <p>I certify that the above-named student is my legal spouse.</p> <p>NOTE: Graduate courses taken by your spouse under Tuition Remission are considered taxable income and will reduce your take-home pay.</p>	<p><input type="checkbox"/> DEPENDENT must complete the following.</p> <p>Student name (last, first, middle initial)</p> <p>_____</p> <p>Student identification number _____</p> <p>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.</p>
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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	Human Resources	Review/Entry
	EE _____ 100% up to _____ credits	Check 1. _____
	_____ 90% additional 4 credits	approved by/date
	No limitation on no. courses or hours:	Check 2. _____
SP _____ 50% _____ 90%	approved by/date	Entry _____
DP _____ 50% _____ 100%		