

**SAINT MICHAEL'S COLLEGE**  
**Dependent of Employee Tuition Remission Approval Form**

**Instructions:** This form must be completed in its entirety and submitted to the Office of Human Resources within 15 days of the beginning of each semester. If your spouse/civil union partner has an undergraduate degree and is applying for tuition remission for a graduate course, this tuition benefit may be **taxable to you (see below)**. Dependent children are only eligible for tuition remission for their first undergraduate degree and only if the student qualifies as a dependent of the employee. Tuition remission benefits are not available for off-campus contract courses.

- Spouses/civil union partners may request approval to register for one course per session tuition free. Additional courses in the same semester may be available at one-half price.
- Dependent children may receive tuition remission benefits according to the schedule outlined in the Employee Handbook whether on a part-time or full-time basis.

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

- 1) Does this student currently possess a bachelor's degree? (circle one) YES NO
- 2) Have you declared this student as a dependent on your most recent tax return or do you file a joint return with this person? (circle one) YES NO

**Course Info: (INDEPENDENT STUDY COURSES ARE NOT ELIGIBLE FOR REMISSION)**

Session (circle): Spring Fall Summer Calendar Year: \_\_\_\_\_

<u>Undergraduate/Graduate</u>	<u># of Credits/Audit or note F/T for full-time</u>	<u>Tuition Credit (Benefits Mgr. to complete)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Only list courses separately if less than full time – no title, just U or G - for full-time, please note F/T)

Signature of Human Resources Representative: \_\_\_\_\_

**Graduate Courses:**

Please see the Employee Handbook (Section VIII, page 40) for details on the taxation of tuition remission benefits for spouses/civil union partners. Please note that the additional taxes will be withheld from your paycheck. **Consequently, you will receive less take-home pay in the relevant payroll(s).**

I understand and acknowledge responsibility for any taxes owed based on the above information. I understand that the necessary taxes will be withheld from my paycheck in the event my spouse or civil union partner takes a graduate class.

\_\_\_\_\_  
Employee Signature

**Dependent Acknowledgement:**

As a qualified dependent of \_\_\_\_\_, an employee of Saint Michael's College, I will be receiving tuition remission for the \_\_\_\_\_ semester. I understand that this benefit covers only tuition costs, and that it is my responsibility to pay all other charges incurred on my student account.

\_\_\_\_\_  
Student Signature

**Please return completed form to Human Resources, Box 265**