

Employee/Dependent Information (please print)

Name: _____ Dept / MS#: _____

Extension: _____

Employee Status: Full-time Staff Full-time Faculty
(Qualified Dependents of Part-time staff or faculty are not eligible for this benefit)

Applications are due no later than the last day of the add/drop period. Employees must follow the academic regulations as stated in the **Bulletin** and the deadlines indicated on the **Academic Calendar**.

Student Name: _____ Social Security Number: _____

Relationship to Employee: _____ Date of Birth: _____

→Have you taken any courses at Brandeis within the current **calendar year**? Yes No

→Are you currently matriculated in a Brandeis Degree Program? (check one) Yes No

If yes, please list program: _____

Course Information

Qualified Dependent Tuition Remission is available to **Full-time Employees** of Brandeis University who have completed three (3) months or more of continuous benefits-eligible employment.

Qualified **spouses** and **same-sex domestic partners** are eligible for 75% tuition remission for **one undergraduate** course per academic semester.

Qualified **college** or **high-school** aged dependents are eligible for 50% tuition remission for courses in the Summer School Program.

Semester: (check one) Fall Spring Summer School **Calendar Year:** 20____

Please check session, if applicable: Session 1 Session 2

Please note that Qualified Dependents of Employees may take course in the **Undergraduate Program Only**.

Course Name: _____ Course ID#: _____

Instructor: _____ Meeting Times: _____

Instructor Signature Required: Qualified Dependents of Full-time Employees are allowed to enroll in courses in the Undergraduate Program on a **seats-available basis only**. Please sign below to indicate your agreement to have the above named student enroll in your class. *If this is for the Summer School Program, no signature is required.*

Instructor Signature

Date

Course Registration

Qualified Dependents must formally register for **ALL** courses **before** submitting Tuition Remission applications.

Registrar Signature: The qualified dependent has been officially registered for the above listed course and is bound to the academic regulations and deadlines as stated in the *Bulletin* and Academic Calendar.

Registrar Signature

Date

Signature

I have read and understand the provisions of the Tuition Remission Program as described in the Benefits handbook. I agree to notify the Benefits section in writing if my qualified dependent should drop his or her intended course at any time. I certify that the information on this application is correct and complete. I understand that I am responsible for any uncovered balance by the published semester due date.

Employee Signature

Date

For Internal Use Only

Course Cost: \$ _____ Tuition Remission Amt: \$ _____ Chargeline: 6643 11 _____ 11000

Benefits Approval: _____ Date: _____