

Employee Information (please print)

Name: _____ Date of Hire: _____ Employee Status: Full-time Part-time*
**benefit will be pro-rated for part-time employees*

Job Title: _____

Dept / MS#: _____ Ext: _____ Supervisor Name: _____

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**.

→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 so, please list here: _____

I have read and understand the provisions of the Tuition Remission Program as described in the Faculty and Staff Benefit handbooks. I agree to notify the Benefits section in writing if I should drop my 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

Course Information

Semester: (check one) Fall 20____ Summer (Graduate and Continuing Studies)
 Spring 20____ Summer School (Undergraduate)
Please check Summer Session: Session 1 Session 2 Extended Session

Level: (check one) Undergraduate Graduate Meeting times: _____

Course Title: _____ Subject and Catalog #: _____ Cost: \$ _____

Instructor Signature: Employees of Brandeis University may enroll in Brandeis courses on a seats-available basis only. Please sign here to indicate your agreement to have the above named employee enroll in the proposed class. There is no signature required for Summer School or Continuing Studies.

Instructor Name (printed) and Signature

Date

Course Registration

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

Registrar / RABB / Summer School Signature: The employee 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

Tuition Remission Taxation

Please check one: The course I selected is:

an undergraduate level course and is exempt from taxation.

a graduate level job-related course. I am submitting a **Graduate Tuition Remission Tax Waiver Form** in addition to this application in order to apply for a tax exemption on my tuition benefit. I understand that this does not guarantee tax exemption, and if the course is found to NOT be job-related, the amount of tuition remission is considered taxable and subject to Federal, State and FICA taxes.

a graduate level, non-job related course and will be taxed according to Federal, State and FICA taxes and regulations. I elect to have taxes deducted from my salary over ____ (#) paychecks. **(up to 6)**. I understand that if I drop the course after the designated add/drop period, tax withholding will still apply. Taxes must be deducted out of the current year. If you notify us of your intention to take a taxable course and there is limited time until December 31 of the current year, we reserve the right to change the number of paychecks to carry this deduction.

Supervisor Signature

Please sign here to indicate your approval of your employee enrolling in a class at the dates and times stated below.

Supervisor Signature

Date

For Internal Use Only

Percent Approved: _____% Tuition Remission Amt: \$ _____ Chargeline: 6643 11 _____ 11000

Benefits Approval: _____ **Date:** _____