

# SPRINGFIELD COLLEGE DEPENDENT/SPOUSE TUITION REMISSION FORM

**This form must be completed prior to the start of the semester for which you are applying.**

Employee Name \_\_\_\_\_ Student ID# \_\_\_\_\_

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

If student is a dependent child, please provide the date of birth: \_\_\_\_\_

If you are a dependent of a deceased or retired employee, please provide your ss# \_\_\_\_\_

Dependent/Spouse will be enrolled in which program:     Undergraduate     Graduate\*\*

This form is for which semester:     FALL     SPRING     SUMMER     INTERSESSION

\*\*According to IRS Section 127, the cash value of graduate tuition remission is fully taxable to the employee during the applicable year, for spouse and dependent children.

By signing below I acknowledge the following:

- To be eligible for Tuition Remission, staff employees must have successfully completed their initial Introductory Period of 6 months.
- Registration fees, cost of private instruction, laboratory fees, activity fees, room and board, and other special fees are not included in the tuition benefit.
- For information related to the Study Abroad program or the National Outdoor Leadership School Program and how tuition remission applies to these programs, please contact the Office of Human Resources for details.
- I understand the value of my dependent's/spouse's graduate tuition benefit is fully taxable to me. The taxes will be spread over the semester based on my paycheck frequency.
- If I am the dependent of a deceased or retired employee, I understand that a 1099 will be issued for any graduate tuition remission benefit that I receive.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE OF HUMAN RESOURCES ACTION:**

Employee FT Start Date: \_\_\_\_\_ Employee Payroll Frequency \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

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**Cc: 1) Business Office 2) Financial Aid Office 3) Employee 4) Original to HR**