

Brandeis University

Office of Human Resources – MS 118 – x64464

Employee/Dependent Information (please print)

Employee Name: _____
Employee ID #: _____
Date of Hire: _____
Email: _____
Department: _____

Employee Type: Staff Faculty Senior Management
(Qualified Dependents of Part-time staff or faculty are not eligible for this benefit)
Dependent Name : _____
Dependent DOB: _____
Relationship to Employee: Child Spouse

Qualified **Dependent Tuition Remission** is available to dependents of **Full-time Employees** of Brandeis University who have completed three (3) months or more of continuous benefits-eligible employment. Qualified Dependents may take **undergraduate courses only**.
 Qualified **spouses** 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 **Rabb Summer School Program**. Qualified high-school aged dependent are eligible for 1/3 tuition remission for **Precollege programs**.

Applications are due no later than the last day of add/drop period. Employees must follow the academic regulations as stated in the **Bulletin** and the deadlines indicated on the **Academic Calendar**. Qualified Dependents must formally register for **ALL** courses **before** submitting Tuition Remission applications to HR-Benefits

<input type="checkbox"/> A & S <input type="checkbox"/> Rabb Summer School Prog. <input type="checkbox"/> Precollege Program <i>Please list Program:</i> _____ _____	Calendar Year: _____ Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Session: <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2	Course Title: _____ Meeting times: _____ Subject and Catalog #: _____ Cost: \$ _____ Instructor Name: _____
Sage ID#: _____		
Have you taken any courses at Brandeis within the current calendar year ? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently matriculated in a Brandeis Degree Program? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list program: _____		

Course Registration

<p>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. <i>If this is for the Summer School Program, no signature is required.</i></p>	_____ <i>Instructor Signature</i> <i>Date</i>
<p>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 <i>Bulletin</i> and Academic Calendar</p>	_____ <i>Registrar Signature</i> <i>Date</i>
<p>Employee 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</p>	_____ <i>Employee Signature</i> <i>Date</i>

FOR INTERNAL USE ONLY

Course Cost: \$ _____ % of cost: _____ TR Amt: \$ _____ Chargeline: 6641 11 _____ 11000

Benefits Approval: _____ **Date:** _____