

### Employee Information

Employee Name: \_\_\_\_\_ Employee Status:  Full-time  Part-time\*  
Employee ID #: \_\_\_\_\_ \*Benefit will be prorated for part-time employees  
Date of Hire: \_\_\_\_\_ Employee Type:  Staff  Faculty  Senior Management  
Email: \_\_\_\_\_ Employee Title: \_\_\_\_\_  
Department \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

- Employees may apply for tuition remission after 3 full months of Benefits eligible employment.
- Employees may take up to 12 credits in a calendar year.
- Applications are due no later than the last day of add/drop.
  1. Register for course
  2. Complete this Form
  3. Get all necessary signatures
  4. Return form to HR.

### Course Information

**School Program:**  A&S  GSAS  Rabb GPS  IBS  Heller  Summer School Program  
**Calendar Year:** Level:  Undergraduate  Graduate  
Semester:  Fall  Spring  Summer  
Session:  Session 1  Session 2  
*Please check sessions for Summer School Program and GPS semesters.*  
Course Title: \_\_\_\_\_  
Meeting Times: \_\_\_\_\_  
Course Credits: \_\_\_\_\_  
Catalog #: \_\_\_\_\_  
Cost: \_\_\_\_\_  
Instructors Name: \_\_\_\_\_

**SAGE Student ID#:** \_\_\_\_\_

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 List Program: \_\_\_\_\_

### Tuition Remission Taxation

**Employee please check one: The course I selected is:**

- An undergraduate level course and is exempt from taxation
- A graduate level job-related course. **My supervisor must complete the Graduate Tuition Remission Tax Waiver** questions below 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 Approval Tuition Tax Waiver (if applicable):** Please answer both questions based on graduate level course, content and job responsibilities.

Does this course qualify the employee for new employment, trade or business?  Yes  No

Does the course maintain or improve the skills required by the employee's current job as supported by their job description?  Yes  No

The Federal and Massachusetts State governments mandate that any tuition remission received for graduate level courses that are NOT job related are subject to State, Federal and FICA taxation once the total amount of benefits exceeds \$5250 in a calendar year.

*Signatures on next page*

---

## Signatures

**Employee:** I have read and understand the provisions of the Tuition Remission Program as described on the Human Resources website. I agree to notify the Benefits section in writing if I should drop my intended course at any time. I understand that I am responsible for any uncovered balance by the published semester due date.

I certify that the information on this application is correct and complete and I understand that it is subject to review by the internal revenue service. If the course so designated is found not to be job-related, the value of my tuition remission amount may be considered taxable income for which I owe income tax, FICA payments and or/late fees, interest and civil fines and I agree to assume responsibility for the amounts.

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

**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 GPS.**

\_\_\_\_\_  
*Instructor Signature*

**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*

**Supervisor:** Please sign here to indicate your approval of your employee enrolling in a class at the dates and times stated below and confirmation of your answers regarding taxation and whether the course is job-related or not.

\_\_\_\_\_  
*Supervisor Signature*

### For Internal Use Only

Course Cost \$ \_\_\_\_\_ % of Benefit \_\_\_\_\_ TR Amount \$ \_\_\_\_\_ Chargeline: \_\_\_\_\_

Benefits Approval: \_\_\_\_\_ Date: \_\_\_\_\_