

# Brandeis University

Office of Human Resources – MS 118 – x64464

## Tuition Remission Application for Qualified Dependents of Employees Attending Pre-Collage Programs or Undergraduate courses at Brandeis

### 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 Please list Program: _____ _____	<b>Calendar Year:</b> _____ <b>Semester:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>Session:</b> <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2	<b>Course Title:</b> _____ <b>Meeting times:</b> _____ <b>Subject and Catalog #:</b> _____ <b>Cost: \$</b> _____ <b>Instructor Name:</b> _____
	<b>Sage ID#:</b> _____ Have you taken any courses at Brandeis within the current <b>calendar year</b> ? <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

<b>Instructor Signature Required:</b> Qualified Dependents of Full-time Employees are allowed to enroll in courses in the Undergraduate Program on a <b>seats-available basis only</b> . 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>	_____ <i>Instructor Signature</i> <span style="float: right;"><i>Date</i></span>
<b>Registrar Signature:</b> 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	_____ <i>Registrar Signature</i> <span style="float: right;"><i>Date</i></span>
<b>Employee Signature:</b> 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	_____ <i>Employee Signature</i> <span style="float: right;"><i>Date</i></span>

### FOR INTERNAL USE ONLY

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

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