

**Employee Information**

Employee Name: \_\_\_\_\_ Employee Type: Staff Faculty Senior Management

Employee ID#: \_\_\_\_\_ *Qualified Dependents of Part-time staff or faculty are not eligible for this benefit*

Date of Hire: \_\_\_\_\_ Dependent Name: \_\_\_\_\_

Email: \_\_\_\_\_ Dependent DOB: \_\_\_\_\_

Department: \_\_\_\_\_ 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 is 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

<b>School Program:</b>	<b>Calendar Year:</b>	Course Title: _____
A&S	Level: Undergraduate Graduate	Meeting Times: _____
Rabb Summer School	Semester: Fall Spring Summer	Course Credits: _____
Precollege Program	Session: Session 1 Session 2	Catalog #: _____
<i>Please list program:</i>	<i>Please check sessions for Summer School Program</i>	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: \_\_\_\_\_

**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 seats-available basis only. Please sign below to indicate your agreement to have the above-named student enroll in your class. If this is for the Summer School Program, no signature is required.	_____
	<i>Instructor Signature Date</i>
<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 Bulletin and Academic Calendar	_____
	<i>Registrar Signature Date</i>
<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 Date</i>

<b>(Internal Use Only)</b>	
Course Cost: \$ _____ % of cost: _____ TR Amt: \$ _____	Chargeline: _____
_____	_____
Benefits Approval	Date