

Application Instructions-Staff Dependent Child Tuition Remission

The tuition remission policy can be found on the [Brandeis University Human Resources webpage](#)

This benefit may be revised or amended by the University at any time without notice.

Parent instructions:

1. Complete and sign the Tuition Remission Application for **Dependent Children Attending Brandeis University**
 - a. All employees are required to provide proof of dependency by submitting a photocopy of the **top portion** (please do not send financial portion) of your latest IRS Tax Return listing the child as a dependent before the tuition remission benefit will be approved. Returns should be faxed to 781-736-4466, mailed or dropped off to the Benefits section of Human Resources, MS 118. **(Do not email for your security)**
2. **Applications** must be completed and forwarded to the Benefits section a minimum of two months prior to the semester for which the tuition remission is desired.
 - a. Once both form and documentation have been received Benefits will determine eligibility, calculate the tuition grant payable and notify Student Financial Services to apply tuition to the account.
3. The Brandeis University Tuition Grant is applicable to **tuition expenses only** for full-time undergraduate degrees.

Application-Staff Dependent Child Tuition Remission

Completed applications must be received by Brandeis Benefits minimum of two months prior to the semester for which the tuition remission is desired.

NO EARLIER VERSIONS OF THE APPLICATION WILL BE ACCEPTED

Benefit Overview

If approved, 75% of the tuition costs will be remitted for up to eight (8) academic semesters (which need not be consecutive) in full-time undergraduate study only. This program may be revised or amended by the University at any time without notice.

Eligibility:

1. The staff member must have completed four (4) years of consecutive full-time employment by September 1 of the year of application. For those staff who will have completed four (4) years of consecutive full-time employment during the fall semester, the following pro-rated tuition remission benefit shall apply:
 - a. Eligibility criteria met by October 1 – 75% tuition benefit for that semester will be reduced by 25%
 - b. Eligibility criteria met by November 1 – 75% tuition benefit for that semester will be reduced by 50%
 - c. Eligibility criteria met by December 1 – 75% tuition benefit for that semester will be reduced by 75%
2. The student is a natural born, adopted, foster child or stepchild. A foster child must have resided in the employee's home for five years prior to enrollment and the foster child must have been primarily supported by the employee. Proof of dependency under IRS regulations is required for all applications.
3. The student meets all requirements and is accepted by the Admissions Committee as a full-time matriculated student in the undergraduate program.

All employees are required to provide proof of dependency by submitting a photocopy of the **top portion** (please do not send financial portion) of your latest IRS tax return listing the child as a dependent

Employee Information

Employee Name: _____ Date of Hire: _____
Employee Title: _____ Employee Status: **A-Full-time Staff -4 yrs service by 9/2/2020**
Department _____
Email: _____ **B-Full-time Staff -4 yrs service after 9/2/2020**

Student Information

Student Name: _____ Class of 20 _____
Student: ID# _____ SSN _____ Date of Birth: _____
Is he/she receiving other scholarship aid? Yes No

(Amount of tuition remission may be reduced by other scholarships.)

Currently, this benefit is not considered taxable income for most eligible participants. If your child does not qualify as a dependent in accordance with the IRS dependent eligibility rules, then the benefit will not be granted. If you received tuition in excess of the policy, then the benefit will be considered taxable income to you.

Employee Signature

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 if my child should withdraw from his/her college at any time. I certify that the information on this application is correct and complete.

Employee Signature Date

Brandeis University Approval for Payment (Brandeis University Use Only)

A B EE Years of Service: _____ Total Amount Approved \$ _____
Fall 2020 Payment: _____ Spring 2021 Payment: _____

Benefits Approval Date