# 2025/2026 Tuition Remission Application Instructions Staff Dependent's Child Attending Brandeis

The <u>Tuition Remission Benefits</u> policy can be found on the Brandeis University Human Resources web page. 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.
  - a. Applications can be sent as follow:

Faxed: 781-736-4466

Mailed: Office of Human Resources
 Bernstein-Marcus Building
 415 South Street – Mailstop 118
 Waltham, MA 02453

- Or uploaded into <u>Box Confidential</u> 2025-2026 Tuition Remission
- **b.** (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 <u>tuition expenses only</u> for full-time undergraduate degrees.

## Brandeis University Dependent Tuition Remission Application

## Staff Dependent Attending Brandeis Full-Time Staff 2025/2026

Completed applications must be received by Brandeis Benefits minimum of two months prior to the semester for which the Tuition Remission Benefits 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.

Employee Information	
Employee Name:	Date of Hire:
Employee Title:	Employee Status: Full-Time Staff (4yrs srvc by 9/1/24)
Department	Full-time Staff (4yrs srvc after 9/1/24)
Email:	
Student Information	
Student Name:	Class of: 20
Student 🗌 ID# or 🔲 SSN:	Date of Birth:
Is he/she receiving other scholarship aid?	No
(Amount of tuition remission may be reduced by other scho	olarships.) Freshman Sophomore Junior Senior
	r most eligible participants. If your child does <b>not</b> qualify as a dependent in the benefit will not be granted. If you received tuition in excess of the to you.
Employee Signature	
under current IRS tax code regulation. I have read and under	Tuition Remission Policy, the student is my unmarried dependent child estand the provisions of the Tuition Remission Program as described on see to notify the Benefits section if my child should withdraw from his/her college at any e.
	(Date)
(Employee Signature)	
Brandeis University Approval for Payment (Brand	deis University Use Only)
☐ a ☐ b ☐ c	al Amount Approved: \$
Fall 2025 Payment: \$ Spring 2026 Pa	nyment: \$
Benefits Approval:	
	(Date)