



Tuition Benefit Program Certificate of Eligibility

Note: For the first semester, this form must be accompanied by a letter of acceptance to one of The Claremont Colleges. Proof of dependency in the case of a child of an employee, marriage certificate for spouse or declaration of domestic partnership will also be requested.

The dollar value of education benefits is considered taxable income, depending on the total value of the educational benefits. The payroll department will track the value of educational benefits for tax purposes. Please refer to the Tuition Remission Policy for further explanation.

PLEASE PRINT OR TYPE

Employee Name: (Last Name, First Name) _____ Social Security Number: _____
 Date of Hire: _____ Full-time _____ Part-time _____
 Department: _____ Job Title: _____
 Name of Institution you plan to attend: _____

Student Name: (Last Name, First Name) _____ Social Security Number: _____
 Date of birth of dependent child _____ Student is Employee's: **Spouse** **Dependent** **Domestic Partner**

Employee Signature _____ Date _____
 I am applying for remission for: **Spring** **Summer** **Fall** Year: _____

<i>Course Title</i>	<i>Course</i>	<i>Units</i>	<i>Tuition</i>

EDUCATIONAL GOAL:

Note: If the course is not completed satisfactorily as described in the Tuition Remission Policy, the tuition will not be paid.

Tuition Benefit Amount \$ _____ **100%** **50%**

WHAT IS YOUR DEGREE PROGRAM _____

MANAGEMENT APPROVAL: BOTH STUDENT & SUPERVISOR SIGNATURES ARE REQUIRED

Completed form must be returned to: *The Office of Human Resources*. CUC will reimburse *only the actual tuition costs* for the course. Students understand they are responsible for books and fees. Reimbursement will be made after receipt of grade(s) for the course with a grade of "C" or better. Students must submit the grade(s) directly to the Office of Human Resources for Tuition Remission. **Grades must be mailed within 30 days of close of class.**

This application is for tuition remission and if I withdraw from the course(s) or fail to earn a grade of "C" or better, I must wait six (6) months from the last day of the class before I can continue in this program. I also understand that I am responsible for any tax liability that I may incur by participating in this program.

As this employee's supervisor, I certify that the taking of this course or courses will not affect department services and activities. I will also ensure that any time away from work for this program will be taken as accrued vacation, if not employee will make up time in the same workweek.

Job Related: _____ Yes _____ No. *Please explain how this course or degree program relates to the employee's current position?*

Director Signature: _____ Date: _____

Approved: _____ Not Approved: _____ Reason if not approved: _____

CEO Signature: _____ Date: _____

Approved: _____ Not Approved: _____ Reason if not approved: _____

OHR Signature: _____ Date: _____

Approved: _____ Not Approved: _____ Reason if not approved: _____

I understand that if the above information is not correct or IF I DO NOT PROMPTLY NOTIFY OFFICE OF HUMAN RESOURCES OF ANY CHANGES IN STATUS OR ELIGIBILITY, I am liable for the remitted portion of tuition, while the student remains liable for all of the tuition. In the event I become liable for the remitted portion of the tuition, I agree, immediately upon the request of Office of Human Resources to authorize deduction of the amount I owe from my pay in accordance with the law.

Employee Signature: _____ Date: _____

Form Distribution: **Financial Services** **Employee** **OHR** **Registrar Office**

Revised Date 9/15/05