



Lake Superior State University

APPLICATION FOR TUITION ADJUSTMENT FOR DEPENDENTS

(undergraduate courses only; a form must be completed for each dependent each semester)

Name of Employee _____ Name of Dependent (includes spouse) _____

Department _____ Relationship _____

Employee's Social Security # _____ Dependent's Soc. Sec. # _____

EMPLOYEE to complete the following for dependent taking courses:

Name and dates of prior college attendance:

Degree received (if any) and date:* _____

Indicate semester and number of credits dependent intends to enroll in:

Semester: _____ No. of Credits: _____

Was dependent declared as such on your previous year's tax form? _____

(attach copy of top portion of federal form 1040 for prior year showing dependents claimed)

I affirm that the above is true: _____

Signature of Employee

Date

Verification of dependency documentation: _____

Director of Human Resources

Date

REGISTRAR: Verification of enrollment in courses (list total credits each semester).

Semester _____ Total Credits _____

Do the above courses apply for credit towards a baccalaureate degree? Yes No

Registrar's Signature: _____

FINANCIAL AID:

Semester	Tuition Cost	50% Rebate Applied	Other Adjustments	Approval
_____	_____	_____	_____	_____

**Tuition adjustments to individuals who have already earned a baccalaureate degree may be subject to taxation and may need to be declared as income. Check with your tax consultant.*

Distribution: **Original** — Human Resources Office **Yellow** — Employee **Pink** — Financial Aid