

## **APPLICATION FOR DEPENDENT TUITION DISCOUNT**

Employee Name	Dependent Name (includes spouse)
Department	Relationship
Employee's ID <b>A</b>	Dependent's Student ID A
Employee's Class A/P Faculty ESP  Please Circle	Dependent's Date of Birth
<b>EMPLOYEE</b> to complete the following for deper	ndent taking course(s):
Indicate semester and number of credits depend	lent intends to enroll in:
Semester:	Number of Credits:
	children or stepchildren under the age of twenty-five (25) will be considered eligible regardless of dependents, the prior year's federal tax declaration form (1040) or a birth certificate will be required on your previous year's tax form?
Yes No N/A (If YES, attach copy of top portion of federal form 1040 for prior ye	ear showing dependents claimed)
I affirm that the above is true:	Date
· · · · · · · · · · · · · · · · · · ·	ncy documentation and Employee Class A/P, ESP or Faculty.
Director of HR's signature:	Date
Director of Human Re Faculty Percentage according to Faculty Cor	<del>-</del>
Faculty members with three or more full	Il years of employment: Eligible individuals will pay 50%. I years of employment: Eligible individuals will pay 45% in year one (AY yo (AY 20/21), and 35% in subsequent years.
REGISTRAR: Verification of enrollment in course	es (list total credits each semester).
Semester:	Total Credits:
Do the above courses apply for credit towards a	baccalaureate degree? Yes No
Registrar or Designee:	
FINANCIAL AID:	
Tuition Cost Enrollment Fee O	ther Adjustments 50% Discount Applied Approval

of

<sup>\*</sup>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