

**TUITION BENEFIT APPLICATION FORM FOR SERVICE, SECURITY AND CLERICAL STAFF**

* Tuition Benefit Application is due to the Human Resources Office no later than 15 days prior to start of **each** semester and/or summer session. *Late forms will result in a* ***1% interest*** *charge of full tuition benefit per month.*
* Employees utilizing tuition benefits for themselves must receive supervisor’s approval and signature. Signature not required from dependents utilizing tuition benefits.
* \*Graduate courses are tax-free up to $5250 per calendar year (employee only). Please contact the Student Financial Services for further details.

Employee Name: \_\_\_\_\_\_\_\_\_ \_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student SLU ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If different than employee)*

Relationship to Student: Spouse \_\_\_\_\_\_ Partner \_\_\_\_\_\_ (*partner benefits are taxable)*

Dependent Child \_\_\_\_\_\_ Child’s Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(proof of dependency as per IRS guidelines may be requested)*

Is dependent child a high school student? \_\_\_\_\_\_

Semester/Year: Fall \_\_\_\_\_\_\_ Spring \_\_\_\_\_\_\_ Summer Session (Undergraduate) \_\_\_\_\_\_\_ Summer Session (Graduate) \_\_\_\_\_\_\_

**TUITION REMISSION** (attending St. Lawrence University)

Approved for admission by SLU Admissions Office? \_\_\_\_\_\_

Number of courses applying for under tuition remission benefit plan: \_\_\_\_\_\_

Please specify is courses are: Undergraduate \_\_\_\_\_\_  **or** Graduate \_\_\_\_\_\_ \**see employee note above*

Please specify if student is: Matriculated at SLU? \_\_\_\_\_ **or**  Non Matriculated at SLU? \_\_\_\_\_

Has student applied for the NYS Tuition Assistance Program (TAP) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ ***Please see reverse form for details***

*If dependent child is matriculated, please contact the Financial Aid Office to discuss possible aid options.*

**CROSS REGISTRATION** (benefit is limited to full-time employees; limited to two courses per academic year at SUNY Canton, SUNY Potsdam or Clarkson University. Academic year begins Fall, Spring, Summer.)

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved for admission by SLU Admissions Office? \_\_\_\_\_\_

Number of courses applying for under tuition benefit plan: \_\_\_\_\_\_

Please specify is courses are: Undergraduate\_\_\_\_\_\_  **or** Graduate \_\_\_\_\_ \**see employee note above*

Have you taken Cross Registration course in this academic year? \_\_\_\_\_\_

If yes, for which semester and at which institution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*if required*)

**Human Resources Representative** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Original: Human Resources cc: Student Financial Services & Employee File Revised 9.2015*