

Received: \_\_\_\_\_

# Application for Employee Tuition Waiver

Employee's Name: \_\_\_\_\_

UD ID#: 900

Date Hired: \_\_\_\_\_

Department: \_\_\_\_\_

Student's Name (if different from above): \_\_\_\_\_

UD ID#: \_\_\_\_\_

Dependent Status (please select one):  Spouse  Dependent Child (Date of Birth: \_\_/\_\_/\_\_)

**Note regarding the FAFSA: All applicants for the tuition waiver must complete the Free Application for Federal Student Aid (FAFSA) annually. Failure to do so will result in a denial of the waiver application.**

Enrollment Year: 20

Total Hours: \_\_\_\_\_  Credit  Audit

**\*\*ONE WAIVER PER TERM\*\***

| Deadline:   | Twelve (12) calendar days from the first day of class  | Five (5) calendar days from the first day of class  | Three (3) calendar days from the first day of class  |
|---|--|---|--|
| <b>Constantin College and College of Business (Undergraduate)</b> | <input type="checkbox"/> Fall <input type="checkbox"/> Spring  | <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II  | <input type="checkbox"/> Mayterm<br><input type="checkbox"/> Interterm   |
| <b>Braniff Graduate School</b>                                    | <input type="checkbox"/> Fall <input type="checkbox"/> Spring  | <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II  | <input type="checkbox"/> Mayterm<br><input type="checkbox"/> Interterm   |
| <b>College of Business (Graduate School of Management)</b>        | <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II<br><input type="checkbox"/> Fall I <input type="checkbox"/> Fall II<br><input type="checkbox"/> Spring I <input type="checkbox"/> Spring II | <input type="checkbox"/> Spring I – 6 wk Term<br><input type="checkbox"/> Spring II – 6 wk Term<br><input type="checkbox"/> Summer I – 6 wk Term<br><input type="checkbox"/> Summer II – 6 wk Term<br><input type="checkbox"/> Fall – Foundation I<br><input type="checkbox"/> Fall – Foundation II | <input type="checkbox"/> April Intermester<br><input type="checkbox"/> Mayterm<br><input type="checkbox"/> August Intermester<br><input type="checkbox"/> December Intermester |
| <b>School of Ministry</b>   | Please Specify Course(s) and Begin Date: _____   |   |  |
| <b>Professional Certification/Other</b>                           | Please Specify Course(s) and Begin Date: _____   |   |  |

**Taxable Income Notice:** Undergraduate tuition benefits for the employee and eligible dependents are tax-free. Graduate-level tuition benefits are tax-free for the employee up to the Internal Revenue Service maximum for the calendar year. Graduate-level tuition benefits are taxed for eligible dependents. Federal income taxes will be deducted at the rate indicated on the employee's most current W-4 on file. Federal income tax and FICA deductions will be taken in equal installments over the remaining pay periods of the period of enrollment. Employees will be held responsible for taxable income for classes dropped after the official drop date.

**Employee Agreement:** I agree to the terms of the tuition waiver benefit as described in the University of Dallas Employee Handbook (rev. 2/10). I acknowledge that I am responsible for paying any applicable taxes and fees other than tuition. If I add/drop or withdraw from a course (or courses) I will notify the Office of Human Resources immediately.

EMPLOYEE SIGNATURE/DATE

SUPERVISOR SIGNATURE/DATE\*

\*Supervisor signature not required on waivers for spouses or dependents.

|  |  |       |  |
|--|--|-------|--|
| Human Resources Approval:<br><i>HR Manager or HR Director Only</i> |  | Date: |  |
|--|--|-------|--|

**Final approval of the application for the tuition waiver will be granted upon completion of the FAFSA.**