

Student ID Number _____

GRADUATE
Tuition Remission
Approval Form

Name (Bryant Employee): _____ () Staff () Faculty

Department: _____ Date of Hire: _____

Degree Program: () MBA () MST () MPAC Semester/Year: _____

Expected Date of Graduation _____ Remission for: () Self () Spouse () Dependent Child

Name (Spouse/Child): _____ Date of Birth (Child/Dependent): _____

.....
Please attach a copy of the Statement of Objectives submitted as part of your Graduate Application Package

| Course Title | Course Number | Course Time | Remission Percentage (to be completed by HR) |
|--------------|---------------|-------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Full-time employees are permitted to take 2 courses per semester/5 per academic year. Employees enrolled in the MBA program are permitted to take up to 6 courses per academic year based on program requirements.*

If tuition remission is for a dependent, I hereby certify that he/she is a dependent as defined by the Internal Revenue Code and claimed as a dependent on my 20_____ federal income tax return and is under age 23.

Employee Signature Date _____

- Under IRS regulations, Tuition Remission, for non-job related graduate level courses for employees totaling more than \$5,250 annually, is considered a taxable employee benefit and will be reported on W2 Wage and Tax statements accordingly.
- Any graduate level Tuition Remission for a spouse/registered domestic partner or dependent children is also considered a taxable employee benefit.
- If a course is dropped after the official add/drop period, you will still be responsible to pay taxes on the full amount.

.....
Approval: Department Head _____ Date _____

Division Head _____ Date _____

Human Resources _____ Date _____

Financial Aid _____ Date _____

.....
**** This form must be completed and approved prior to the first day of classes. Employees should refer to the Employee Handbook for the University's full tuition remission policy.***

Supervisor Certification For Non-Taxable Graduate Tuition Remission

TO BE COMPLETED BY BRYANT EMPLOYEE'S SUPERVISOR

This is to confirm that _____ is enrolled at Bryant University for their own education in the _____ degree program at the graduate level for the calendar year of _____
Fall__ Winter__ Spring__ Summer I__ Summer II __

The course(s) qualify as a "working condition fringe benefit" which means (initial one):

___The course(s) are required by law or the institution in order to maintain employment;

or

___The course(s) will maintain or improve the skills required for current employment AND the course(s) will not qualify for the minimum educational requirements of the position AND the course(s) will not qualify the employee for a new trade or business.

I hereby solemnly affirm that the information stated above is true and accurate.

_____ Supervisor or Department Head Signature

_____ Department, College or School

_____ Date