



# Spouse/Child Tuition Benefit Application

Year: \_\_\_\_\_

Term:

- Fall                       Winter                       Spring/Summer  
 Revised Application (change to originally submitted application)

## STUDENT INFORMATION

Student Name (Last, First, Middle Initial)	Birth Date: (mm/dd/yy):	WSU Banner ID:	<input type="checkbox"/> YES Age 60+ <input type="checkbox"/> NO
Relationship (check one): <i>University may request proof of eligibility</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child – Less Than Age 26  <input type="checkbox"/> Other Eligible Person (OEP) <input type="checkbox"/> Child of OEP – Less Than Age 26		Is the student claimed as a dependent on the employee's 1040 for the calendar year containing the term for which the tuition benefit is requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL Credit Hours Requested for Tuition Benefit:

## EMPLOYEE INFORMATION

Name (Last, First, Middle Initial)	WSU Banner ID	
Employed in School, College Or Division	Job Title	E-Mail address Or access ID

**HOW TO APPLY:** Submit this form AFTER completion of the Registration Process. This form must be submitted to TCW no later than 10 business days after the Last Day for Tuition Cancellation for the term for which benefits are requested. If the number of courses or credits changes, send a new application form, marked REVISED. For further program details see our website: <https://wayne.edu/hr/tcw/tuition-assistance/index.php>

## SUMMARY OF PROGRAM RULES:

- **ELIGIBLE EMPLOYEE** - An employee must be an Eligible Employee with a hire date on or before the last day of the Open Registration Period for the term for which benefits are requested.
- **ELIGIBLE SPOUSE/OEP** - A Spouse or Other Eligible Person status must be met as of the first day of classes for the term for which benefits are requested. **ELIGIBLE CHILD** - A child is eligible if he/she is the child or stepchild of an Eligible Employee (or of his/her Spouse/Other Eligible Person) AND is less than 26 years as of the first day of classes for the term for which benefits are requested.
- **REASONS FOR FORFEITURE OF BENEFIT** - If the employee does not remain on the WSU payroll until the end of the term for which benefits are requested, the Spouse/Child Tuition Benefit is not forfeited; however, no future Tuition Benefits will be paid by WSU. For certain groups of Eligible Employees, the enrolled Spouse/Child must earn a passing grade for undergraduate courses of "D" or better and for graduate courses of "C" or better, or benefits will be forfeited. See your union contract.
- **TAXATION OF BENEFIT** - Graduate level courses, undergraduate level courses of OEP or Child of OEP and coursework of a person who is not qualified as the Eligible Employee's tax dependent will be subject to income tax. For definition of tax dependent see <https://wayne.edu/hr/tcw/tuition-assistance/index.php>
- **OTHER** – The Tuition Benefit is calculated on tuition only (no fees); the student is responsible for all other charges. The Tuition Benefit is not available for Spouse/Child for coursework in the MD, JD or PharmD programs. The employee and student must abide by all rules of the Registrar or Student Accounts Receivable.

**EMPLOYEE CERTIFICATION:** By typing or signing my name below, I certify that I am an Eligible Employee of Wayne State University and that the above information is complete and accurate and I am familiar with the eligibility and forfeiture requirements.

**If I am a part-time faculty member, I will be teaching \_\_\_\_\_ credits this term.**

Employee's Signature (e-signature) \_\_\_\_\_ Date \_\_\_\_\_

**SPOUSE/CHILD PROMISSORY NOTE:** In consideration for being allowed to register and attend classes at Wayne State University pursuant to the University's Reduced Tuition Benefit Program during the Year \_\_\_\_\_ Term \_\_\_\_\_, I, \_\_\_\_\_, in the event I fail to satisfy any of the requirements for Reduced Tuition Benefits, promise to pay to Wayne State University, upon demand, a sum equivalent to the tuition benefit. By typing or signing my name below, I certify that I have read and understand this agreement and agree to be bound by its terms.

Spouse/Child's Signature (e-signature) \_\_\_\_\_ Date \_\_\_\_\_

## HR USE ONLY:

Employee Class	Appoint Percent	Date of Hire	Benefit Eligible	Credit Hours	Level	College	Residence	Class	Benefit Amount

Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637; Email: [askhr@wayne.edu](mailto:askhr@wayne.edu)