

**PSU DEPENDENT TUITION WAIVER APPLICATION**

Refer to the PSU Dependent Tuition Waiver Program Effective Fall, 2006.  
Applicants must complete a new application each semester to be considered for the program.

**Employee Information:**

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

ID: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

**Dependent Information:**

Dependent Name: \_\_\_\_\_

ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_

**Check only 1 semester per application**

Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Summer Session \_\_\_\_\_

Is Dependent unmarried as of the 1<sup>st</sup> day of classes for this semester? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is Dependent your natural child, stepchild or legal ward as of the 1<sup>st</sup> day of classes of this semester? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was Dependent claimed as a dependent for income tax purposes based on IRS guidelines in the tax year preceding the 1<sup>st</sup> day of classes for this semester? \_\_\_\_\_ Yes \_\_\_\_\_ No

The Employee must provide Proof of Relationship for the Dependent with the first application for the Tuition Waiver Program.

**Acceptable forms include:**

- Natural Child - Birth Certificate of Dependent
- Step Child - Marriage Certificate of Employee and Birth Certificate of Dependent
- Adopted Child or Legal Ward - Adoption Agreement, Court Order

**To Be Completed by the Dependent Applying for the Tuition Waiver**

Have you been admitted to Pittsburg State University? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you seeking an undergraduate degree from PSU? \_\_\_\_\_ Yes \_\_\_\_\_ No

*I have read and agree to the provisions of this program. By signing this application, I authorize HRS to check my grades at the end of the semester.*

Dependent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be Completed by the Employee**

*I have read and agree to the provisions of this program. The information on this application is complete and accurate to the best of my knowledge, and I certify that the dependent listed meets the requirements for the waiver program. Any attempt by me to knowingly enroll dependents which do not meet the requirements will be considered fraud and will be subject to penalties as prescribed by law.*

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Tax Information:** Pursuant to IRS code, section 127, tuition assistance is considered in some circumstances as taxable income and must be reported as such on an employee's annual W-2 form. Individuals with at least a baccalaureate degree may be subject to taxes for their tuition assistance award depending upon the level of coursework and academic program. Recipients who have not yet obtained a baccalaureate degree are not affected by this provision.

**HRS USE ONLY:**

Semester of Application: \_\_\_\_\_

Employee Length of Service Date: \_\_\_\_\_

Employee Length of Service as of 1<sup>st</sup> day fall semester \_\_\_\_\_

Age of Dependent on 1<sup>st</sup> Day of Semester: \_\_\_\_\_

GPA Previous Semester under Waiver Program \_\_\_\_\_

Proof of Relation Rec'd/Verified: \_\_\_\_\_ Yes \_\_\_\_\_ No

# of Semesters Previously Waived: \_\_\_\_\_

Tuition Waiver \_\_\_\_\_ Not Approved \_\_\_\_\_ Approved

Maximum Percentage of Tuition Waiver: \_\_\_\_\_

HRS Rep. \_\_\_\_\_ Date \_\_\_\_\_

cc: Employee