



Villanova University Application for Tuition Remission

NOTE: Prior to each semester or summer session, this form must be completed and approved as described below. All items must be completed in order for the student to receive the tuition remission benefit.

Employee information:

Name:		
VUID#:	Department:	
Daytime Telephone number:		
Employment Status:	FT or PT:	Faculty or Staff:
Date of Hire:		

Student Information:

Relationship to Employee (self, spouse, dependent child):	
If dependent child, child's date of birth:	
Name:	Student VUID #:
Term (Fall, Spring or Summer and year):	Credits:
School (please check): <input type="checkbox"/> Undergraduate Day <input type="checkbox"/> Part Time Studies <input type="checkbox"/> Graduate Studies <input type="checkbox"/> Law School	

Tuition benefits for graduate classes for employees in excess of \$5,250 in value annually are subject to taxation.

Employee certification – required for Tuition Remission for a dependent child and self:

If this form is for a dependent child, I certify that the child listed on this application is my biological or adopted dependent, and that I have claimed him/her as an exemption on my most recently filed Federal income tax return. Furthermore, I certify that I shall continue to claim this child as an exemption for the tax year in which the semester/term of this application occurs. Subject to review by Human Resources, certain exceptions to this requirement may be made in the case of custodial agreements pursuant to divorce. The University reserves the right to inspect a copy of the employee's and child's applicable tax return.

Employee's Signature: _____ **Date:** _____

Please submit this form to Human Resources, St Mary's Hall, Suite 163, in advance of the semester/term being requested, no later than the close of business on the last day for drop/add changes in the applicable semester or summer session. Human Resources will submit all approved forms to the Bursar for appropriate adjustment to the student's account.

Approved in HR: _____ for _____% remission Date: _____
