

This form serves as a formal application by a Brandeis University employee for tuition reimbursement for a job-related course taken at an educational institution other than Brandeis University. Full-time union facilities employees with at least three months of service may apply for one course per semester. The course must be approved and budgeted by the employee's department head. If approved by Human Resources, Brandeis University will reimburse **100%** of the cost of tuition directly to the employee.

**After you have successfully completed a course, submit this form plus your proof of payment, description of the course and satisfactory grade. Please email to [benefits@brandeis.edu](mailto:benefits@brandeis.edu).**

### Employee Information (please print)

Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept / MS#: \_\_\_\_\_ Ext: \_\_\_\_\_

Department Head Name: \_\_\_\_\_

I hereby certify that the information I have provided on this form is truthful and accurate.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### School and Course Information

School Information: Name: \_\_\_\_\_

Course Type:  Training /Certification Course  
(check one)

Undergraduate

Graduate\*

Course Title: \_\_\_\_\_

Dates Attended \_\_\_\_\_

Cost: \$ \_\_\_\_\_

### Tuition Remission Taxation

*\*Tuition for graduate level courses are excluded from Federal and State taxes if the course is considered job related under the IRC Code 132(f)*

Please check one: The course I selected is:

an undergraduate level course and is exempt from taxation.

a graduate level job-related course. I am submitting a **Graduate Tuition Remission Tax Waiver Form** in addition to this application in order to apply for a tax exemption on my tuition benefit. I understand that this does not guarantee tax exemption, and if the course is found to NOT be job-related, the amount of tuition remission is considered taxable and subject to Federal, State and FICA taxes.

### Department Head Signature

Please sign below to indicate your approval and budgeting of the employee's chosen course at the educational institution listed above. Also, please supply us with the appropriate chargeline since this benefit will be deducted directly from your department's budget.

Chargeline: 6642 FN11 CC \_\_\_\_\_  
Dept Cost Center #

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

**For Internal Use Only** Amount Approved for Payment: \$ \_\_\_\_\_ Eligibility Confirmed: \_\_\_\_\_

Benefits Approval: \_\_\_\_\_ Date: \_\_\_\_\_