



## Certification of Dependent Eligibility for Tuition Discount

Employee's Name: \_\_\_\_\_ Emp ID #: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Name of Academic Program: \_\_\_\_\_

*Please note: Dependents having received one undergraduate degree will not receive a discount on any additional undergraduate courses. Dependents having received one graduate degree will not receive a discount on any additional graduate courses.*

**SPOUSE** certification:

I certify that \_\_\_\_\_ is my legal spouse.

**CHILD** certification:

I certify that \_\_\_\_\_ is my dependent and meets all of the following:

- Has not attained their 25<sup>th</sup> birthday, DOB: \_\_\_\_\_, AND
- Is unmarried, AND
- Resides with me, AND
- Is dependent on me for more that 50% of their support and maintenance, AND *select one of the following:*

has been named as a dependent on my Federal Tax Return for at least the past four (4) tax years (eligible for a maximum of 100% discount), OR

has been named as a dependent on my Federal Tax Return for at least the recent tax year (eligible for a maximum of 30% discount).

*I hereby certify that the information contained in this certification is true and correct. I understand that any misrepresentation, falsification, or material omission in any part of the tuition discount benefit application process will result in an obligation to repay the University for all benefits received and may result in disciplinary action up to and including dismissal from employment. I understand that documents supporting the above representations may be requested at anytime and must be available for immediate presentation.*

\_\_\_\_\_  
Employee's Name (please print)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

*Dependents may not receive tuition discount benefits prior to verification and approval of eligibility by Human Resources.*