

## Request for Spouse Tuition Assistance - Undergraduate Courses

**New January 2006:** One year of service and passing grade is required to be eligible for tuition benefit. See plan doc. <http://hr.wustl.edu>

### Instructions to Employee:

1. Complete Sections 1 through 4. Please print or type clearly. **Form will be returned if not completed properly.**
2. Retain a completed copy for yourself, and submit **original** form to Employee Benefits, **Campus Box 1190**.
3. Student must complete registration at designated school. Please advise the school of your Employee ID or Social Security #.

<b>Section 1: Employee Information</b>	
<b>Name of employee</b>	
<b>Social Security # and Employee ID #</b>	
<b>Campus Box number E-mail address Office Phone number</b>	
<b>Union status (circle one)</b>	Non-Union / Union
<b>Hire date</b>	
<b>(5 yrs service required to enroll in day program courses.)</b>	

<b>Section 2: Student Information</b>	
<b>Name of student</b>	
<b>Social Security #</b>	
<b>Are these courses eligible for reimbursement under another plan (i.e., spouse's employer)?</b>	<b>No / Yes</b>  If yes, please attach documentation.

<b>Section 3: Course Information</b>				
<i>Please complete a separate form for each semester. Form should be submitted prior to the first day of classes.</i>				
<b>Semester</b>	<b>WU school name (e.g., University College)</b>			
	<b>Course #1</b>	<b>Course #2</b>	<b>Course #3</b>	<b>Total</b>
Name of course				-----
Day and time of course				-----
Course and section number				-----
A # of credit hours				-----
B Cost per credit hour				-----
AxB=C Total cost this semester				-----

### Section 4: Employee Signature

I verify that I have read the Spouse/Domestic Partner Tuition Assistance Plan dated 1-1-06 and agree to its terms. If I am found to be ineligible for this benefit, I agree to remit payment for the full amount due. Should I fail to remit payment in a timely manner, I authorize payroll deduction for the amount due.

I understand that a passing grade must be achieved in order to retain the tuition benefit. Information regarding students who fail a course will be obtained by Student Records to determine eligibility. I understand that I will be responsible for all associated fees should my spouse decide to drop the course(s) enrolled in after the first week of class, or fail a course. Should I fail to remit payment for dropped classes in a timely manner, I authorize a deduction(s) from my paycheck for the amount due.

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

Questions regarding Tuition Assistance benefits, and/or to obtain current Tuition Assistance request forms, please visit the HR website at <https://hr.wustl.edu/>.  
To determine benefit eligibility, please call Employee Benefits at 935-8110.

### Section 5: Employee Benefits Approval

I verify that this employee is a current, full-time employee eligible for benefits.

\_\_\_\_\_  
**Signature of Employee Benefits Representative**

\_\_\_\_\_  
**Date**

<b>Section 6: Accounts Receivable Summary</b>	<b>ACCOUNTING DEPARTMENT USE ONLY</b>			
	Total	Account to Credit in SIS		
Amount provided by Employee Benefits (50% of total amount per C of Section 3)		S B E N	1 4 0 0 0 0	7 6 0 5
		ACAD YR	TRANS CODE	LC DEPT BUOB
Amount Employee is responsible for paying		Not applicable		
Total (Should agree to C of Section 3)		Not applicable		
Date student account credits posted in SIS				

**HR:** Complete Section 5, and route original to Accounts Receivable, Campus Box 1147. Fax approval to applicable WU School.

**A/R:** Complete Section 6 and process student account adjustments.