



### Faculty/Staff Tuition Waiver Benefit Form

❖ This Faculty/Staff Tuition Waiver Benefit form is the application to waive tuition. This form IS NOT for enrolling into courses.

❖ You must follow [all posted deadlines and policies](#) to utilize the tuition waiver benefit and be admitted to the appropriate campus. A separate form must be submitted for each campus, term/session/semester and student.

❖ Courses enrolled into prior to the first day of the term/session/semester cannot be dropped then re-enrolled on the first day to qualify for the tuition waiver benefit. If enrolled or wait-listed before the first day of the term/session/semester (excluding UCCS dependents), full tuition and fees will be assessed.

❖ If this form is for a dependent, you must attach the appropriate [Dependent Eligibility Verification \(DEV\) documentation](#) if this dependent has not been verified for any other CU benefits.

### SECTION 1: FACULTY/STAFF INFORMATION

Employee Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	Self or Dependent: <input type="checkbox"/> Self <input type="checkbox"/> Dependent
Employee ID:	Campus of Employment:
Last Name:	CU Dept. Name:
First Name:	CU Dept. Number:
M.I.:	Phone Number:
% Appointment:	Email:

#### If Tuition Waiver Benefit is for Self:

Student ID Number/Date of Birth:	
Campus of Registration:	
Term: <i>ex) Summer 2016</i>	

### SECTION 2: DEPENDENT INFORMATION

I, as the faculty/staff member, am authorizing my dependent (listed below) to use my credits from my tuition waiver benefit (one form per dependent).

Dependent Student ID/Date of Birth:	
Dependent Last Name:	
Dependent First Name:	
Dependent Email:	
Relationship to Employee:	
Campus of Registration:	
Term: <i>ex) Summer 2016</i>	

**If this form is for a dependent child:**

Is the child eligible to be claimed as a dependent on the employee's U.S. Individual Income Tax Return for the current calendar year for which tuition assistance is requested?

Yes  No  Not Applicable

**If this form is for a Same Gender Domestic Partner (SGDP)/Civil Union Partner that is not legally married or child thereof:**

Is the SGDP/Civil Union Partner or child thereof eligible to be claimed as a dependent on the employee's U.S. Individual Income Tax Return for the current calendar year for which tuition assistance is requested?

Yes  No  Not Applicable

*Any spouse, SGDP/Civil Union Partner, child, or employee who knowingly provides false, incomplete, or misleading facts or information on this form for the purpose of attempting to defraud the University hereto commits a fraudulent act. Any such person will be subject to civil and/or criminal penalties, fines, denial of any or all of the University's benefits, or as provided in applicable regulations, statutes, and written directives.*

*I provide this information to be used by the University for the sole purpose of determining eligibility of the above dependent for the tuition waiver benefit. This information will be used solely for the administration of this benefit and filed within Employee Services. I understand that availability of this benefit is based on eligibility requirements and subject to any future changes in program provisions.*

*I certify that signing this form serves as confirmation that I meet the criteria outlined in the [Administrative Policy Statement: Tuition Assistance Benefit](#). I have read and understood the Tuition Waiver Benefit policy. I am aware that tuition assistance for an ineligible SGDP/civil union partner, dependent children of an ineligible SGDP/civil union partner and dependent children that cannot be claimed on the U.S. Individual Income Tax Return are subject to taxation.*

### **SECTION 3: IMPORTANT INFORMATION**

**College Opportunity Fund:**

Undergraduate faculty, staff and dependents who are Colorado residents must apply for the College Opportunity Fund (COF) with Colorado's College Assist program: <https://cof.college-assist.org>. Once enrolled, COF needs to be authorized through the Student Self Service Portal to apply towards the student's bill. If the student does not apply for COF and authorize it, the student will be responsible for paying the COF benefit amount.

**Course Registration:**

Enrollment using the benefit is on a space-available basis. Courses enrolled prior to the first day of allowed enrollment cannot be dropped then re-enrolled on the first allowed day to qualify for the tuition waiver benefit. If enrolled or wait-listed before the first day of allowed enrollment, full tuition and fees will be assessed. The student is responsible for fees and any non-waived tuition. Any remaining balance is due by the posted deadline. For additional information and exceptions, please refer to the [Administrative Policy Statement: Tuition Assistance Benefit](#).

**Tax Impact of the Tuition Waiver Benefit:**

Per [IRS policy](#), the taxation of tuition will be reported on the employee's Form W-2 as wages, subject to applicable income tax withholding and payroll taxes. To reduce the taxation amount that you may incur, make sure your residency status is current and accurate. For more information on taxation, please refer to the "Billings, Fees and Costs" section of our [Frequently Asked Questions](#).

**Supervisor Approval:**

Supervisor approval is not required to use the tuition waiver benefit. However, if the course(s) interfere with work time, supervisor approval is required as is the case for any other absence. Any documented approval is unnecessary to provide with this form.

**SECTION 4: COURSE REQUESTS**

Number of credits requested to be waived: \_\_\_\_\_

Course Subject & Number	Course Title
<i>ex) MATH 1010</i>	<i>ex) Introduction to College Algebra</i>

❖ If you choose to make any changes to the course(s) or credits you have requested for a specific term/session/semester, you must resubmit the original form with the changes. Only list the course(s) on which you would like to use the waiver. Submitting a new form supersedes the previous form.

**SECTION 5: FACULTY/STAFF SIGNATURE**

❖ By providing my handwritten signature below, I attest that I (as a CU faculty or staff member) have read and understand the terms and conditions of this benefit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

❖ Submit this form completed to Employee Services  
 Email: [tuitionbenefit@cu.edu](mailto:tuitionbenefit@cu.edu) | Fax: 303-860-4299

❖ For all deadline calendars, policies and steps, please visit: [www.cu.edu/tuition-benefit](http://www.cu.edu/tuition-benefit)

**EMPLOYEE SERVICES USE ONLY**

Employment Verified: \_\_\_\_\_ Credits Available \_\_\_\_\_

Dependent Verified: \_\_\_\_\_