



WESTERN MICHIGAN UNIVERSITY

Human Resources

1300 Seibert Administration Building, Mail Stop 5217
Phone (269) 387-3620 Fax (269) 387-3441

TUI

2019-2020 Tuition Remission Application

APPLICATION and ELIGIBILITY CERTIFICATION: (Please type or print clearly)

Employee Information			
Last Name	First Name	Middle Initial	Employee ID No (on paycheck)
Email Address		Daytime Phone Number	
Student Information			
Last Name	First Name	Middle Initial	Student WIN (required)
I am requesting tuition remission for the following semesters in the Student Financial Aid year:			
<input type="checkbox"/> Summer II 2019 <input type="checkbox"/> Fall 2019 <input type="checkbox"/> Spring 2020 <input type="checkbox"/> Summer I 2020			
Student's relationship to employee, applicable definition, and taxability: Enter relationship <input type="checkbox"/> Spouse (Non-taxable Benefit). I certify that the above-named student is my current spouse for the purpose of my federal income tax and will be so reported for the period of time for which tuition remission is requested. <input type="checkbox"/> Dependent (Non-taxable Benefit). I certify that the above-named student qualifies as a dependent child for the purpose of my federal income tax and will be so reported for the period of time for which tuition remission is requested. <input type="checkbox"/> Dependent of Divorced Spouse (Non-taxable Benefit). I certify that the above-named student is my child and qualifies as a dependent child of my former spouse for the purpose of federal income tax and will be so reported for the period of time for which tuition remission is requested. <input type="checkbox"/> Dependent-Special Request (Taxable Benefit). I certify that the above-named student is my child and does not qualify as a dependent for the purpose of federal income tax. The student meets the following special circumstance(s) (check all that apply). <input type="checkbox"/> The dependent lives in my household. <input type="checkbox"/> The dependent is covered on my health insurance. I understand that the value of the tuition remission benefit under special request is taxable to me and that applicable payroll taxes on this value will be deducted from my paycheck. <input type="checkbox"/> Designated Eligible Individual (Taxable Benefit). I designate the above individual to receive tuition remission under the Designated Eligible Individual (DEI) program. I understand that for the benefit to be received, all requirements of the DEI program must be met, as outlined in the DEI enrollment form, which I must also complete and submit to Human Resources. I further understand that the value of the tuition remission benefit under the DEI program is taxable to me and that applicable payroll taxes on this value will be deducted from my paycheck.			

POLICY: Western shall remit seventy-five percent (75%) of tuition and required fees (records initiation fee, enrollment fee, student assessment fee, sustainability fee, and EUP technology fee) for attempted undergraduate courses at the University by the spouse or dependent child of a faculty or staff member, or by an individual designated by a faculty or staff member, provided all eligibility requirements are met.

EMPLOYEE ELIGIBILITY: The employee must have full time benefits eligibility and be on the active payroll or on an approved leave of absence by the final day of registration for the semester or session for which tuition remission is requested.

STUDENT ELIGIBILITY: The student must meet all University admission requirements and maintain Satisfactory Academic Progress. Eligibility will not exceed 183 credit hours. Visit the Student Financial Aid web site for more information at: <http://www.wmich.edu/finaid/pdf/non-year/sap.pdf>

EXCLUSIONS: Remission does not apply to tuition for graduate or audited courses, nor to miscellaneous fees. If the student receives any WMU or external award that is limited to paying tuition and required fees, remission will only cover up to the remaining tuition and required fees.

Eligibility will be determined for the semester or session as specified in this application. Annual application to the program is required. An eligible dependent who began the remission program prior to the death or permanent disability of the employee will have up to four years of continuing eligibility after the event separating the employee from the University, under the current terms and conditions of the program.

I understand that if the above information is not accurate or if I do not promptly notify Human Resources of any change in status or eligibility, I am liable for the remitted portion of tuition and fees. If I become liable for the remitted portion, I agree, immediately upon the request of the University, to authorize deduction of the total amount that I owe from my pay in accordance with the law.

Employee Signature _____ Date _____

Return application to: Human Resources, 1300 Seibert Administration Building; MS5217 or Email: hr-hris@wmich.edu

Fax: 269-387-3441 Retain a copy for your files.

HR use only: DOH _____ Benefits Eligible _____ Verified _____ Faxed to SFA _____