

TUITION ASSISTANCE APPLICATION—CHILD OF EMPLOYEE WITH 15+ YEARS' CREDITED SERVICE

Return via email to uschr@usc.edu
Year: **Semester:** Fall Spring Summer

Student/child name

Former employee (sponsor) name

Former school/department

Phone

Email

Street address

City

State

Zip
See TUITION ASSISTANCE FOR YOUR FAMILY at <http://employees.usc.edu/tuition-assistance-family/>

Tuition assistance provided to a former employee or the dependent of a former employee is taxable and reportable as income unless the former employee retired or terminated employment with the university because of a permanent disability and the benefit is for undergraduate coursework. An employee is treated as "retired" for purposes of tuition assistance if his/her employment with the university terminated at or after age 55.

I have read the TUITION ASSISTANCE FOR YOUR FAMILY webpage and the Tuition Assistance Benefit program document on that webpage, and under those program definitions I am eligible for tuition assistance due to 15 or more years of credited university service. Also under those definitions, the student named above is my child, and I understand I must submit documentation verifying that relationship.

I understand that my child is responsible for immediate payment to the university of any prorated amount of tuition assistance if a post-registration audit reveals that tuition assistance was applied to any ineligible tuition or fees, or the maximum allowed units of tuition assistance was exceeded.

I certify the above information is true and correct. I accept the terms and conditions of my use of the benefit. I understand that misuse or misrepresentation may result in denial of tuition assistance.

Former employee signature

Date

I understand I am responsible for immediate payment to the university of any disallowed amount if a post-registration audit reveals my sponsor is not eligible for tuition assistance, tuition assistance was applied to any fees, or the maximum allowed benefit was exceeded.

Child or spouse/domestic partner signature

Date

FOR OFFICE USE ONLY

 TAB input Dependent admitted Units used Tax form forwarded (date: _____)

Documentation (check one):

 Attached Provisional

Benefits Administration signature

Date