

TUITION ASSISTANCE APPLICATION—STAFF JOB-RELATED AUDITMust complete one form per semester/session. Return via email to uschr@usc.eduYear: Semester: Fall Spring SummerEmployee name 10-digit USC ID 7-digit employee ID Job title School/department Campus phone Email See TUITION ASSISTANCE FOR EMPLOYEES webpage at <https://employees.usc.edu/tuition-assistance-employees/>

NOTICE: Tuition assistance over \$5250 per calendar year is taxable income to the employee for all non-job-related graduate courses. If you are enrolled in a graduate course, complete the GRADUATE COURSEWORK CERTIFICATION.

Course informationCourse number Course title G UG Units Course number Course title G UG Units **Manager's certification**

The course/s listed above are work-related and required to enhance current job skills as documented in my attached letter. I approve this employee's enrollment in this/these courses.

Manager's signature Date Email Phone **Approval of the department in which the course is offered**

The department affirms that the course/s listed above is/are regularly offered and student-oriented.

 Registration as a limited status student—approved Audit—approved (no funds disbursed)Authorized school/departmental signature Date Email Phone

I have read the TUITION ASSISTANCE FOR EMPLOYEES webpage and the Tuition Assistance Benefit program document on that webpage, and I am eligible to take one course for audit per semester/summer session.

I am 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. Immediate payment is also required if a post-registration audit reveals that my employment status changed during the semester(s) in which tuition assistance was used (the first and last day of classes in any semester/session is defined by the university's academic calendar at <http://www.usc.edu/academics/calendar/>).

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.

Employee signature Date **FOR OFFICE USE ONLY** Eligibility checked TAB input Tax form forwarded (date:)Benefits Administration signature Date