

TUITION ASSISTANCE APPLICATION—STAFFMust complete one form per semester/session. Return via email to uschr@usc.eduYear: Semester: Fall Spring Summer

Employee 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.

I have read the TUITION ASSISTANCE FOR EMPLOYEES webpage and the Tuition Assistance Benefit program document on that webpage, and as a degree candidate formally admitted to the university, I am eligible to receive up to 100% tuition assistance for courses meeting the academic requirements of my degree program, for a maximum of 6 units for record per semester/summer term, of which no more than 4 units may be at the graduate level. I am responsible for securing my manager's approval if any course for which I am registered meets during my scheduled workday.

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
 Admitted
 TAB input
 Tax form forwarded (date: _____)

Benefits Administration signature

Date