

TUITION ASSISTANCE APPLICATION—CHILD OR SPOUSE/DOMESTIC PARTNER

Return via email to uschr@usc.edu

Year: Semester: Fall Spring Summer

Student name Relationship: Child Spouse/domestic partner

Employee (sponsor) name Status: Faculty Staff Hebrew Union* Grandfathered**

Job title School/department

10-digit USC ID 7-digit employee ID Phone Email

*Requires Hebrew Union approval signature Date

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

NOTICE: Tuition assistance is taxable income to the employee for all courses taken by a child or spouse/domestic partner toward a graduate degree. However, if this form is for a child enrolled in an undergraduate degree program, tuition assistance may not be taxable income. Complete the DEPENDENT CHILD CERTIFICATION unless you have already done so this calendar year, and consult a tax adviser.

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. Also under those definitions, the student named above is my child or spouse/domestic partner, and I understand I must submit documentation verifying that relationship. I also understand I must notify Benefits Administration of any change that disqualifies my child or spouse/domestic partner from receiving tuition assistance.

I understand that my child or spouse/domestic partner 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. Immediate payment is also required if a post-registration audit reveals that my employment status or qualifying relationship with child or spouse/domestic partner 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

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

Sponsor eligibility checked TAB input Documentation (check one):
 Dependent admitted Units used Attached On file Provisional
 Tax form forwarded (date: _____)

Benefits Administration signature Date