Simmons University Dependent Tuition Eligibility Form

Please note this is an eligibility form, Not a Registration form. If you are a returning student, a new degree-seeking student or a non-degree student you must register through your respective admissions office or the Registrar' Office.

Academic Year		(Choose one) Grad	luate Undergraduate		
Semester (Choose one) Fall	Spring	Summer I	Summer II		
Student accepted into a degree-seeki	ng program?	What	program?		
		Have you taken a non-degree class before?			
Course Number(s)/ Name(s)	Section	on Number	Credits		
Student First and Last Name		Former Nam	e, if any	=	
Simmons ID Number		Student Year of Birth			
Student Information (Choose one)	Spouse D	Oomestic Partner C	hild Other		
Employee Information	spouse L	omestic Farmer C	iiiid Odiei		
Name of Employee			Department Supervisor/Manager	,	
Employee Signature					
Supervisor/Manager Signature					
Human Resources Signature					
Truman Resources Signature					
After all signatures are complete, retur	n the entire form	to Human Resources. R	eminder. ALL STUDENTS MUST		
ADHERE TO THE RULES OF THE U	UNIVERSITY R	EGARDING ADD/DRO	P AND FINAL REGISTRATION		
DATES. You could be subject to addit employee terminates employment while			lass after the add/drop timeline or if the blicy for more detail.	;	
Please note that graduate students are r	-	_			
	_	-	Taxes will be withheld through periodic	:	
payroll deductions. Simmons employed		e courses must complete	the Graduate Tax-Exempt Request		
form to determine if the course(s) is ex	empt from tax.				
UD Notas: Total aligible avadite for t	tuition romission	. Co	st Share:		
HR Notes: Total eligible credits for t	artivii i ciilissioli		or Shale		

Simmons University

TUITION REMISSION ELIGIBILITY CERTIFICATION FOR DEPENDENT CHILDREN AND SPOUSE/SPOUSAL EQUIVALENT

Employee Name	Hire Date	
	f service at Simmons University, therefore my spous d is eligible for the tuition remission benefit.	se,
I further certify that I claim my child on	ny annual IRS Form 1040.	
Student Name	Birthdate	
Relationship to Employee: Child (Please check one)	Spouse Domestic Partner**	
The eligibility requirements are as follow): :	
For Dependent Child: (IRS Guidelines)		
	, or under age 24 and a full-time student, or permar ot provide for more than one half of her/his support; half of the year.	
	eriodically request verification of the eligibility of my annual IRS Form 1040 which establishes th	
For Spouse/Spousal Equivalent • The Employee can provide legal affidavit of spousal equivalency.	documentation of their relationship or has completed	l an
eligibility criteria as outlined above. I und	my dependent child, spouse and/or spousal equivalerstand that falsely certifying as to a dependent's elindent no longer meets the applicable eligibility requinination.	gibility or failure to
obligation, I agree, by virtue of my signa	pouse or spousal equivalent may have any outstand ure, to assume full financial responsibility. I further a h any wages owed to me should I fail to meet the fir	gree that
Employee Signature	Date	
 Human Resources Signature	Date	

**Benefits provided to your Domestic Partner are considered taxable by the IRS