

Family Tuition Benefit Request to attend Clark University
Office of Human Resources/Affirmative Action
 (To be completed and signed by eligible faculty or staff member and returned to HR)

Employee Name _____ Department _____ Faculty Staff

Student's Name (Required for processing) _____ Clark ID# (Required) _____

Relationship of the student to the faculty/staff member? Self Spouse* Qualifying dependent**

Dependent's Date of Birth: _____ (Please check off: dependent** not a dependent)

*Your signature below certifies that your marriage to your spouse is recognized under the laws of the Commonwealth of Massachusetts.

**To satisfy the IRS definition of "qualifying dependent child", a "child" must meet several requirements, including that the child: (a) live with the taxpayer (employee) for more than one-half of the taxable year; (b) unless disabled, be under age 19 if not a student or, under age 24 and be a full-time student at least 5 months out of the year (c) not provide more than one-half of his or her own support. Your signature below certifies that the student is your legal child and qualifies as a dependent.

UNDERGRADUATE STUDIES

* Day College	<u># of Courses</u> _____
*School of Professional Studies (SPS) _____	
<input type="checkbox"/> 1 st year	Graduate students:
<input type="checkbox"/> Sophomore	Circle if you anticipate earning
<input type="checkbox"/> Junior	your degree at the end of the semester
<input type="checkbox"/> Senior	YES NO

Academic Year (Please fill in below)

(Choose one)
<input type="checkbox"/> Summer I
<input type="checkbox"/> Summer II
<input type="checkbox"/> Fall
<input type="checkbox"/> Intersession
<input type="checkbox"/> Spring

(Internal Use Only)
DC \$ _____
SPS \$ _____
GS \$ _____
CODE _____

Faculty/Staff Member Signature and Date

GRADUATE STUDIES

*School of Professional Studies (SPS)	<u># of Courses</u> _____
**School of Management (SOM)	
MBA/MSM _____	
MSF/MSA _____	
<input type="checkbox"/> Audit	
<input type="checkbox"/> Credit	

Per IRS Code Section 132: To exclude the cost of School of Professional Studies Graduate and GSOM courses in excess of \$5,250 from taxable wages one of the following conditions must apply to the course(s)

(explanation attached by supervisor)

- The educational course must be job related and either maintain or improve job skills in my current job
- The educational course is required by the University, or the law, to retain the job or pay level, and serves a bona fide business purpose at the University

And the following two conditions do not apply to the course(s)

1. The educational course is needed to meet the minimum educational requirements of my current job, or
2. The educational course will qualify me for a new trade or business.

Note: IRS requires that we tax you on the value of graduate tuition if it exceeds \$5250 per calendar year and does not meet the above criteria.

As noted by both my signature and my supervisor's signature below, we have reviewed and determined that the course(s) satisfy at least one of the conditions above.

Faculty/Staff Member Signature and Date

Supervisor Signature and Date

Human Resources Approval and Date

Student Accounts/GSOM

Please note: Student and/or employee will be responsible for any balance that may be due. Approval of a tuition benefit does not guarantee admission into the program or course. Admission criteria may apply.