



UNIVERSITY OF DAYTON  
OFFICE OF HUMAN RESOURCES

TUITION ASSISTANCE APPLICATION  
FOR  
DEPENDENT CHILD OR SPOUSE

Semester	Academic Year

Please check one of the following:                       Undergraduate     Graduate     Law School

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID # (Required)

\_\_\_\_\_  
Child's or Spouse's Name

\_\_\_\_\_  
Child/Spouse Student ID # (Required)

\_\_\_\_\_  
Child's Date of Birth

**UNDERGRADUATE CREDIT TOWARD AN UNDERGRADUATE DEGREE**

I wish to receive Undergraduate tuition assistance for my natural, adopted, step child or spouse indicated above. If the above named person is a dependent child, I certify that he or she is claimed by me for income tax purposes for this tax year. *I understand that tuition benefits are limited to 175 attempted credit hours.*

**GRADUATE CREDIT TOWARD A GRADUATE DEGREE OR POST GRADUATE COURSES**

I wish to receive Graduate tuition assistance for my dependent child or spouse as indicated above. If the above named person is a dependent child, I certify that he or she is unmarried and claimed by me for income tax purposes. I understand that all graduate tuition assistance for dependents is considered to be taxable income by the Internal Revenue Service. I understand that the amount of graduate tuition assistance will be added to my gross pay each applicable term, and all taxes will be withheld accordingly. *Please refer to your Benefits and Leave of Absence Handbook for eligibility for graduate tuition assistance.*

- Deduct appropriate social security, state, local and federal taxes
- Deduct appropriate social security, state, local and 28% federal taxes

Shortly after the beginning of the semester, you will be notified by copy of a Personnel Action Form (PAF) as to the amount on which you will be taxed and the number of pays over which the tax will be taken.

**Please return your completed form to Human Resources, St. Mary's Hall Room 304, zip +1649.**

**NOTE: An application for tuition assistance is required each year at the beginning of the academic year.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

**VERIFICATION OF EMPLOYMENT**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Human Resources

Account #91590

\_\_\_\_\_  
Sub Account

\_\_\_\_\_  
%