

Refer to the University of Detroit Mercy Policies and Procedures Handbook or your collective bargaining agreement, as appropriate for a description of and limits to the tuition benefit.

Instructions for Completing this Form

1. Complete **ALL** applicable sections of this form. (Signature and Date required)
2. Financial Aid Department will award remission in conjunction with other financial aid based on approved credit hours.
3. If your credit hours change, please inform Financial Aid. If you are increasing your credit hours you must submit a revised form.
4. Return form to the Human Resources department. Fax: 313-993-1015 / Email: hr@udmercy.edu

Employees must complete this section.

ACADEMIC YEAR: 20__				<input type="checkbox"/> Term I-Fall	<input type="checkbox"/> Term II-Winter	<input type="checkbox"/> Term III-Summer
<input type="checkbox"/> Undergraduate		<input type="checkbox"/> Graduate		<input type="checkbox"/> Law School (Employee Only)		Credit Hours Requested _____
<i>(Employee graduate tuition waiver benefit in excess of \$5,250 is taxable income).</i>						Revised Credit Hours _____
Tuition Waiver Request For:				<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
Employee Name:			Employee Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Retired			
			<input type="checkbox"/> Modified Full-Time/Dental <input type="checkbox"/> Long Term Disability			
			<input type="checkbox"/> Modified Full-Time/Non-Dental			
Home Address:			Employee Class: <input type="checkbox"/> Faculty <input type="checkbox"/> Administration <input type="checkbox"/> Staff			
			Union: <input type="checkbox"/> IBEW <input type="checkbox"/> IUOE <input type="checkbox"/> MAP <input type="checkbox"/> UDMPPSA			
			<input type="checkbox"/> UDMPU			
			<input type="checkbox"/> Non-union			
City:		State:	Zip:		Date of Birth:	
					Employee Banner ID: T	
					Work Telephone No.:	

- Have you filed your FAFSA for this academic year and received your SAR? Yes No
(If no, your application may be held by Financial Aid until the FAFSA results are received).
- If you are requesting credit hours greater than the policy or applicable union contract provision or a second degree at a level in which you have already graduated from Detroit Mercy, your Vice President must approve.
Supervisor's Signature _____

Spouse Information: (All graduate level tuition waiver benefit is taxable income to the employee).

Spouse Name:		Spouse Banner ID: T	
Date of Birth:	Telephone No.:	Email:	

Child Information: Must be unmarried son, daughter, or stepchild; under 26 years of age at the start of their first term of a degree program.

Child Name:		Child Banner ID: T	
Date of Birth:	Telephone No.:	Email:	

READ THIS SECTION CAREFULLY

- ✓ I hereby certify that I have read and understand the Tuition Waiver Policy. I also certify that the spouse/child named above as of the first day of classes for the term for which tuition waiver is requested is eligible to receive this benefit.
- ✓ By signing this form, I hereby certify that the information contained is complete and accurate. Falsification of any portion of this application will result in rejection of the application and may result in forfeiture of the tuition waiver benefit and may subject the employee to disciplinary action, up to and including discharge from employment and repayment of benefits falsely received.

Employee Signature _____ Date _____

Human Resources:	Approve	%	Fees	Y / N	Date:
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APPLICATION MUST BE SUBMITTED BY DEADLINE

Revised 7/1/2017

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