

## SPOUSE OR DEPENDENT TUITION WAIVER APPLICATION

Office of Financial Aid, May Hall 111 701-502-4407

Eligibility is defined in the Spouse or Dependent Tuition Waiver Policy 820.001.007

Please complete, print, sign and return this application to the Office of Financial Aid by the appropriate deadline that falls prior to the period in which your dependent will be utilizing the tuition program.

EMPLOYEE INFORMATION  DEPENDENT	Name: Campus Phone: Home Address: Name:	E Student EMPL	ligible employee EMPL Home Phone:  ID#:	ID#: Date of Birth:
INFORMATION	Student status for period bei  First time student Re  Personal Enrichment (No	turning student	er student	student
TUITION PROGRAM PRIORITY APPLICATION DATES	April 15; for entire academic September 15; for spring ser		∏ Renewal	Application
SEMESTERS REQUESTED	☐ Fall semester ☐ Spring semester ☐ Summer semester	Year Year Year		
DOCUMENTATION	The Eligible Employee must  Examples of documentation  Marriage certificate  Birth certificate  Documentation from the	may include but are not lin	nited to:	al status or dependency.



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EMPLOYEE CERTIFICATION OF DEPENDENT STATUS	I certify that:  1. This student is my spouse or dependent and I have provided documentation as required in the Spouse Dependent Tuition Waiver Policy; and  2. This student is my (select one):    spouse   biological child;   child for whom I am the legal guardian as appointed by the court   adopted child; or   child of an eligible spouse;			
	<ul> <li>I have read the Dickinson State University Spouse or Dependent Tuition Waiver Policy and understand how it pertains to me and my spouse or dependent; and</li> <li>The information I have provided on this form is true to the best of my knowledge and I understand that</li> </ul>			
	misrepresentation of any statement on this form is cause for cancellation of the tuition benefit; and  5. I agree to notify the Office of Financial Aid in writing of any changes in marital status or dependency status that occur during the academic year; and			
	6. I understand that this waiver will be approved upon meeting the criteria; that the value of this waiver is taxable income to the employee for graduate level courses taken by the spouse or dependent and that the applicable payroll taxes will be deducted from the employee's paychecks during each semester; and the wavier amount received and the spouse or dependent will be disclosed on the employee's annual benefit statement.			
	Employee Signature Date			
	Spouse/Dependent Signature Date  To properly certify spouse/dependent eligibility, documentation is required to be submitted with this application. If you have not already provided it, please submit the appropriate legal documentation to support the dependency relationship in #2 above. If you have any questions, please contact the Office of Financial Aid at 701-483-2371.			
ELIGIBILITY CERTIFICATION	HR Confirm Benefited Employee:(Date)			
To be completed by FA and HR	FA Approve Benefit:(Date)			
	FA Denied Benefit:(Date)  Reason:			