

Dependent Tuition Benefit Request Form

Employee Name _____

CID Number _____

Department _____

Dependent's Name _____

CID Number _____ Date of Birth _____

Relationship _____

If dependent is not your spouse, is he/she under age 25, dependent upon you for support, **and** living in your household? _____

Semester: Fall Winter Spring Summer

Enrollment status: Full-Time Part-Time

Requested Course(s) _____ Credit Hours _____

Tuition benefit coverage is limited to the NYS resident tuition rate. It covers tuition only, less any financial aid or scholarships. It does not apply to books, fees or other expenses. A new request form must be filed at the beginning of each semester. Tuition benefit will not be applied to accounts that have past due balances from prior semesters and cannot be approved retroactively. Employee agrees to notify the Office of Academic Outreach if dependents eligibility changes.

Employee's Signature

Date

Director of ACE Approval

Date

Executive Director/Provost Approval

Date

Please return completed form to the Student Accounts Office