

TEACHERS COLLEGE, COLUMBIA UNIVERSITY
APPLICATION FOR TUITION EXEMPTION

Please deliver completed form to Human Resources – 120 Whittier

Student's Last Name _____ First Name _____ TC ID _____

I am applying for _____ points of tuition for the _____ term of 20_____, to which I am entitled under the tuition exemption benefit policy of Teachers College. I understand that I am required to pay the Teachers College Fee and all special fees at the time of registration and that my tuition is prorated if I do not work an entire term.

I (or my spouse/dependent) am eligible for tuition exemption based upon my status as (please check one):

Full-Time Employee Part-Time Employee Date of Employment: ____/____/____

Note: Record first date of continuous employment at TC.

Has student attained a Doctorate or an equivalent Degree? Yes No

Position Title: _____ Department: _____

I (the student) understand that **part-time employees must use the tuition exemption during the term employed with a maximum allowable tuition exemption of 3-5 points per semester. The number of eligible credits is dependent on the continuous TC employment hire date.** Fee-based/studio courses are not eligible for tuition exemption (ex: music lessons, photography, ceramics, painting, art, printmaking, etc).

Employee/Spouse who have attained a Doctorate or equivalent degree are not eligible for the benefit.

Please contact Human Resources, 120 Whittier (Ext. 3175, hr@tc.edu), with any further questions you may have.

I (the TC employee) understand that I may be subject to federal, state, and local taxes and that such taxes will be withheld from my salary for the tuition exemption benefits granted by Teachers College to my spouse, my children, or me. I attest that this student is my dependent according to Internal Revenue Service guidelines. See www.IRS.gov.

Signature of **Student** _____

Signature of **Employee** (if employee is not the student on form) _____

Student **Phone** _____

Employee's **TC ID** _____

Student **Email Address**

Employee's **Department**

Student is: (Check one) Course No. # of Pts. Name, Day and Hour (FT staff see*)

TC Matriculating Std. _____ _____ _____

TC Non-Matriculation Std. _____ _____ _____

Student is: (Check one) How many tuition exemption points did you use within the current academic year

TC Employee (Sept – Aug)?

TC Employee's Spouse Fall 20____ points Spring 20____ points

TC Employee's Child Summer A 20____ points Summer B 20____ points

Employee Tax Exemption Certification for Degree or Advanced Certificate Program:

I (the TC employee) certify that I am in a job-related degree or advanced certificate program and I have completed and submitted the *Job Related Graduate Education Certification Form* in a previous semester. I also certify that I have neither changed jobs nor education program since my last certification, therefore I do not need to recertify for tax exemption status.

Employee Signature: _____ Date: _____

EXEMPTION STATUS: MUST BE COMPLETED BY SUPERVISOR BEFORE SUBMISSION TO HUMAN RESOURCES

Department Budget Index# _____ Total #Pts Exempt: _____ Total \$ Amount: _____

*****Human Resources Office Approval:**

____ *FT work time release for courses
____ Dependent, Spouse
____ Prorated \$ amount for ____ months of semester
____ Past deadline; Date: _____

Signature of Supervisor

Date Phone ext.

HR Approval: _____ Student Accounts Approval: _____