TEACHERS COLLEGE, COLUMBIA UNIVERSITY
APPLICATION FOR TUITION EXEMPTION

After form is completed, please deliver to Human Resources – 120 Whittier

_____ _____

Student's Last Name First 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.

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 continuous TC employment hire date.** Fee-based/studio courses are not eligible for tuition exemption (ex: music lessons, photography, ceramics, painting, art, printmaking, etc). **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)

- ☐ TC Matriculating Std
- ☐ TC Non-Matriculating Std.

Course No.	**# of Pts.**	**Name, Day and Hour (FT Staff See *)**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student is: (Check one)

- ☐ TC Employee
- ☐ TC Employee's Spouse
- ☐ TC Employee's Child

How many tuition exemption points did you use within the current academic year (Sept. – Aug.)?

Fall 20____ ____points Spring 20____ ____points
Summer A 20____ ____points Summer B 20____ ____points

EXEMPTION STATUS: COMPLETED BY SUPERVISOR AND HUMAN RESOURCES

Department Budget Index # _____ TOTAL # PTS EXEMPT _____ TOTAL $ AMOUNT _____

*****Human Resource Office Approval:**

___*FT worktime release for courses
___ Dependents, Spouse
___ Prorated $ amount for months of semester
___ Past deadline Date: _____

_____

Signature of Supervisor

_____ _____

Date phone ext.

_____ _____

Signature of HR Representative Signature of Student Accounts Processing Representative

Revised 3/13