

LOYOLA UNIVERSITY MARYLAND – TUITION REMISSION APPLICATION

1. EMPLOYEE INFORMATION

Name: _____ Loyola I.D. Number: _____
(Last) (First) (MI)

Campus Address/Department: _____ Extension: _____

Employment Status (*please check*):

☐ Full Time	☐ Faculty
☐ Core or 4/5ths	☐ Administrator
☐ Part Time	☐ Staff

2. STUDENT INFORMATION

Student's Name _____ I.D.# _____

Relationship to Employee: ☐ Self ☐ Spouse* ☐ Dependent Child* - Date of Birth

*Children of the employee must be documented as dependents for tax purposes. A copy of your most recent federal tax return must be attached. Graduate remission for a spouse is considered taxable income to the employee.

3. COURSE INFORMATION (check all that apply)

☐ Graduate** - see below ☐ Undergraduate ☐ Full-time Student ☐ Part-time Student

☐ Fall 20 ☐ Spring 20 ☐ Summer Session -- ☐ I ☐ II ☐ III ☐ IV

Course Number	Brief Description	Credits	Time Offered	Days Offered

****EMPLOYEES ONLY -- **You must check one of these boxes if you are taking graduate level courses and the tuition remission for such courses exceeds \$5,250 for the calendar year:**

☐ I acknowledge that such excess graduate tuition remission benefits will be taxable to me.

☐ Request for Determination of Working Condition Fringe Benefit Treatment form for the graduate courses above is/are attached.
(Attach form for each course)

Staff must complete a Flex Schedule if attending day classes.

Part or all of graduate tuition remission may be taxable as income to the employee. Please review the tuition remission policy in the Loyola policy manual. If you want graduate tuition remission in excess of \$5,250 per calendar year to be treated as a working condition fringe benefit, you must complete and submit the Request for Determination of Working Condition Fringe Benefit Treatment form with this tuition remission application.

Faculty, staff and administrators: Graduate and undergraduate tuition remission is granted up to a maximum of two courses, or six credit hours per semester, whichever is less. No more than one course per summer session is permitted.

I certify that the information provided on this application is accurate. I agree to provide a copy of my federal tax return for the year in which tuition remission is granted for my dependent child(ren) no later than April 15th of the next year. If not submitted on time, or if false or misleading information is provided, I will be responsible for reimbursing the University for the total amount of tuition remission granted. If my employment should terminate during a semester, I may be responsible for a prorated portion of the remission.

Signature of Employee: _____ Date: _____

DEPARTMENT OF HUMAN RESOURCES USE ONLY

FA Code _____ Job/Department _____ % Remission _____ Balance _____

Approved by _____ Date _____

STUDENT ADMINISTRATIVE SERVICES USE ONLY

Tuition	Fees	Remission	Total Due
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