LOYOLA UNIVERSITY MARYLAND - TUITION REMISSION APPLICATION

	TION				
Name:		I	Loyola I.D. Number:		
(Last)		(MI)			
Campus Address/Department:			Extension:		
Employment Status (please check):					
	☐ Core o☐ Part T		□ Administrator□ Staff		
2. STUDENT INFORMATION					
Student's Name				.D.#	
Relationship to Employee: Self Spouse* Dependent Child* - Date of Birth					
		ependents for tax purposes.		federal tax return must be	
attached. Graduate remis	sion for a spouse is conside	ered taxable income to the er	mployee.		
3 COURSE INFORMATION	ON (check all that annly)				
3. COURSE INFORMATION (check all that apply)					
□ Graduate** - see below □ Undergraduate □ Full-time Student □ Part-time Student					
☐ Fall 20	☐ Spring 20	☐ Summer Session ☐ I			
Course Number	Brief Description	Credits	Time Offered	Days Offered	
** FMDL OVEEC ONLY *	***************************************	h h if (ali			
**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)					
		inge Benefit Treatment form	for the graduate courses at	pove is/are attached.	
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Staff must complete a Flex So Part or all of graduate tuition i manual. If you want graduate	chedule if attending day classes remission may be taxable as incentiation remission in excess of \$	s. come to the employee. Please is \$5,250 per calendar year to be t	review the tuition remission pol	icy in the Loyola policy ringe benefit, you must	
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Remission

Total Due

Tuition

Fees

LOYOLA UNIVERSITY MARYLAND – GRADUATE TUITION REMISSION REQUEST FOR DETERMINATION OF WORKING CONDITION FRINGE BENEFIT TREATMENT

You must complete this form for $\underline{\textbf{each}}$ graduate lev	vel course you are taking.
EMPLOYEE NAME:	Loyola ID Number:
UNIVERSITY DEPT.:	POSITION:
COURSE NUMBER AND TITLE:	
COURSE DESCRIPTION:	
DEGREE/PROGRAM OF STUDY TO WHICH CO	PURSE IS RELATED (e.g. MBA, M.S. in Pastoral Counseling, etc.):
PLEASE DESCRIBE HOW THIS COURSE IS RE	LATED TO AND MAINTAINS OR IMPROVES THE SKILLS REQUIRED IN YOUR
Employee Certification:	
the University determines, in its sole and absolute as a working condition fringe benefit, and the tuition the same will be added to my taxable wages and solved binding and not subject to appeal. In addition, I addetermination regarding working condition fringe by	e is true and correct to the best of my knowledge. I also understand that to the exten discretion, that the tuition remission for the above-referenced course does not qualify on remission is not otherwise excluded under the University's tuition remission policy, subject to income and employment tax withholding. The University's determination is cknowledge and understand that the IRS is not bound by the University's penefit treatment and that to the extent tuition remission benefits treated by the plant of the properties of the p
Employee Signature:	Date:
Supervisor Certification:	
I certify that I am this employee's supervisor and the job description and agree with the representations	hat I have compared the description of the course listed above with the employee's above.
Supervisor Signature:	Date: