

Tuition Benefit Application

For Faculty/Staff Member or Member's Child

INSTRUCTIONS:

Once you have enrolled for the current term (indicated below), submit the following to the Student Accounts office (indicated above):

- This form** completed in full and **SIGNED by the Faculty/Staff Member**.
- A completed Promissory Note**, if you want to simply pay the balance remaining after allowing for your tuition benefit. **If you prefer to pay the fees in full by the due date, a Promissory Note is not required**; you simply need to submit the signed Tuition Benefit form to the Student Accounts office. The amount of the benefit will be applied to the student's account and the credit balance created will be refunded to the student at the end of the second month of term.
- If the student is the child of a Staff/Faculty member, the student may claim a Tuition Benefit equal to **50%** (or other % approved by Human Resources – Policy 24) of fees for **TUITION, CO-OP FEE AND WORK REPORT MARKING FEE ONLY**. If the student is a Staff/Faculty Member, the student may claim the Tuition Benefit equal to 100% (or other % approved by Human Resources – Policy 4) of the **TUITION FEE ONLY** for a maximum of two .5-credit courses per term.
- You need to make a **bank payment dated on or before the Promissory Note due date** for all other fees charged to your student account.

PLEASE NOTE:

- The child's Tuition Benefit amount will be considered as a **student scholarship** based on a Canada Revenue Agency decision effective January 1, 2007. Where both parents are University of Waterloo employees, the benefit is determined by the full-time equivalency of the one parent who is designated for health and dental benefits.
- The Tuition Benefit for University of Waterloo credit courses taken by employees is **not a Taxable Benefit**; consequently, a Tuition Tax Credit cannot be claimed. (Policy 4)
- This application is **subject to confirmation** of eligibility based on Human Resources records.
- The Tuition Benefit is applied to the student's account during the **second** month of term.

For Completion by Applicant (Faculty/Staff Member) – Please print

Member Information

Name _____ Employee No. _____
Given Name Initial Surname

Social Insurance No. _____

Department _____ Extension _____

Address _____
Street City Province Postal Code

Student's Relationship to member: Self Son Daughter
 Member's Status: Active On Pension Deceased
 Member's Employment Status: Full Time Part Time

Student Information

Name _____ Social Insurance No. _____
Given Name Initial Surname

Faculty _____ Graduate Undergraduate

Student Address _____
Street City Province Postal Code

Term Information

Student I.D. No. _____ Check the applicable term: Winter Spring Summer Fall

I confirm that I am eligible for a tuition benefit under the terms of Policy 4 or Policy 24.

Application Date _____ 20 _____ Faculty/Staff Member's Signature _____

For Office Use Only

Human Resources

Date _____ Benefit eligibility confirmed by _____
 Department _____ Tuition Benefit Amount _____ ORG _____ Unit _____ FTE _____