

## AFFILIATED FACULTY (CCHMC)

### EMPLOYEE/DEPENDENT CHILD/SPOUSE TUITION REMISSION APPLICATION

For additional information about tuition remission, university rules regarding tuition remission, eligibility and benefits information refer to: [www.uc.edu/hr/benefits.html](http://www.uc.edu/hr/benefits.html)

This form, along with necessary documentation, should be submitted prior to the term start date. Incomplete applications or applications without proper documentation may result in a processing delay. Tuition remission will not automatically apply when registering for classes on or after the first day of the term. Student Health Insurance will automatically apply for dependents unless the student waives this coverage. Please be sure to keep a copy of this form and any attachments for your records. A new tuition remission application is required every academic year.

This form is used to request tuition remission (TR) for both the affiliated faculty member AND spouse/dependent child(ren).

Submit this form along with *all* required documentation to: [tuitionremission@uc.edu](mailto:tuitionremission@uc.edu)

Section A – Affiliated Faculty Member’s Information	
Print affiliate’s name: _____	UC ID (M#): _____
Affiliate’s email address: _____	Daytime phone #: _____
Affiliate’s department: <input type="checkbox"/> Surgery <input type="checkbox"/> Pediatrics <input type="checkbox"/> Anesthesia <input type="checkbox"/> Radiology	
Section B: Student Information – To be used for both the affiliated faculty member AND dependent (spouse/child)	
For TR for your <b>child(ren)</b> include proof of dependency: <ul style="list-style-type: none"> <li>Your prior year’s federal tax return showing child(ren) listed as a dependent.</li> <li>If this is your <b>FIRST</b> use of tuition remission for the child(ren) listed include a copy of the child’s birth certificate.</li> <li><b>If your child(ren) is no longer your tax dependent, email UC Human Resources at <a href="mailto:tuitionremission@uc.edu">tuitionremission@uc.edu</a>.</b></li> </ul>	
For TR your <b>spouse</b> : <ul style="list-style-type: none"> <li>If this is your <b>FIRST</b> use of tuition remission for your spouse include a copy of your marriage certificate.</li> </ul>	
Use the spaces below to request TR for <b>yourself</b> as well as your dependent child(ren)/spouse. If more space is needed, please submit a second form. It is the affiliate’s responsibility to obtain the signature of Lori Wantlin and return the completed form and all attachments together to <a href="mailto:tuitionremission@uc.edu">tuitionremission@uc.edu</a> .	
Student’s Name: _____ Social Security #: _____ DOB: _____	
Choose one: <input type="checkbox"/> Academic Year 20__-20__ <input type="checkbox"/> Fall 20__ only <input type="checkbox"/> Spring 20__ only <input type="checkbox"/> Summer 20__ only	
Student’s Name: _____ Social Security #: _____ DOB: _____	
Choose one: <input type="checkbox"/> Academic Year 20__-20__ <input type="checkbox"/> Fall 20__ only <input type="checkbox"/> Spring 20__ only <input type="checkbox"/> Summer 20__ only	
Section C – Affiliated Employer Certification (Signature required for affiliated faculty member and child(ren)/spouse requesting TR	
I certify that the above named affiliate is a current employee of CCHMC.	CCHMC employee is responsible for obtaining the signature below BEFORE submitting the application to UC Benefits.
_____	_____
CCHMC Program Manager Lori Wantlin (Print Name)	Program Manager’s Signature
Section D – Affiliated Faculty Member’s Certification	
I certify that the above information and accompanying documents are true, correct, and complete. I have read and understand the university rules regarding tuition remission and the program guidelines through the link above. I acknowledge the requirements to maintain Satisfactory Academic Progress standards. I agree to provide additional verification documents upon request. Should the eligibility status of my spouse or dependent child(ren) change, I agree to immediately notify UC Human Resources. I understand and agree that I will be personally responsible for reimbursing the university for the amount of tuition which was remitted if the student is or becomes ineligible for tuition remission according to the university rule. I am aware that there are certain circumstances when tuition remission is taxable.	
_____	_____
Affiliated Faculty Member’s Signature	Date