

Request for Tuition Assistance -

Graduate Courses – Taken at Washington University Department or Grant Sponsored

COURSES TAKEN AT WU THAT ARE NOT COVERED BY THE UNIVERSITY TUITION ASSISTANCE PLAN; TO BE PAID FOR BY THE DEPARTMENT OR GRANT, ETC. COURSES MUST BE JOB-RELATED IN ORDER TO RECEIVE PAYMENT.

Instructions to Person Requesting Assistance READ CAREFULLY:

- Complete **ALL AREAS** of Sections 1 through 4. Please print or type clearly. **Supervisor Signature is required.** Submit the **ORIGINAL** version of this form to **Campus Box 1190** prior to the first day of classes; a **photocopy or fax copy** will **not** be **accepted**. Retain a **COPY** of the form for your files.

If You Receive a Bill... and have already submitted your RFTA form, the paperwork probably was not processed prior to the billing run. Please wait until after the next billing cycle to inquire. If you receive a 2nd bill and you feel ample time has passed, please call the number on the invoice to inquire if there is a problem with your RFTA. Allow a minimum of two weeks for processing.

Section 1: Student Information - Complete all Areas - *Your form will be returned if not completed properly.*

Name of employee		Department name and number	
Social Security #		Campus Box #	
Employee I.D. #		Name of immediate supervisor	
Office Phone #		Office Phone # of immediate supervisor	
E-mail Address			

Section 2: Course Information - Complete all Areas -

Semester	Name of WU School				
Name of course, Day and time course meets	Course #1	Course #2	Course #3	Course #4	Total hours
Course & section#					
# of credit hours					
Cost / cr. hr.					
Total cost					

Section 3: Employee Signature PLEASE READ CAREFULLY

The University relies upon my true and accurate responses to the questions on page 2 in order to comply with the applicable legal requirements under federal tax laws. Any misrepresentation and/or false statements by any person or manager may result in disciplinary action, up to and including discharge, and/or civil or criminal penalties. Washington University is not liable to taxes or fines imposed on me by the IRS, now or in the future.

If, upon audit by the Tax Department, the determination is made that these courses are not job-related, or if I do not obtain a satisfactory grade (as defined by my department), I authorize repayment to the university via payroll deduction. Additional sanctions may be imposed as appropriate.

I understand that I will be responsible for all associated fees should I decide to drop the course(s) I am enrolling in after the first week of class. Should I fail to remit payment for dropped or failed classes in a timely manner, I authorize a deduction(s) from my paycheck for the amount due.

Signature of Employee Date

Section 4: Supervisor / Manager Approval

Courses MUST BE Job Related in order to receive departmental payment. Job Relatedness Verification form must be attached.

Departmental Payment Information - REQUIRED		DEPARTMENTAL SIGNATURE
Total cost this semester for job-related courses (Sec. 2)		I verify that this person is currently working at Washington University and is eligible for departmental or grant funding for this course or courses. I further verify that I have reviewed and agree with all responses to the Job-Relatedness section of this form.
% provided by Department (up to 100%) of total charges		
Amount provided by Department		
Ledger class to be charged		
Department to be charged		
Budget-object to be charged (Faculty / staff tuition assistance)	4507	
Fund to be charged		_____ Signature of Supervisor/Manager Date

Section 5: ACCOUNTING and EMPLOYEE BENEFITS DEPARTMENT USE ONLY

I verify that this student has WU affiliation and is eligible for department funding.

Signature of Benefits Representative verifying university affiliation Date

Accounts Receivable Summary	Total	Account to Credit in SIS
Amount provided by Department (Per Section 4)		
		4507 DPTA LC DEPT FUND BUOB
Date student account credits posted in SIS		

Section 6: STATEMENT OF JOB RELATEDNESS FOR TUITION ASSISTANCE REQUIRED UNDER INCOME TAX REGULATIONS Complete Item 1, then 2 and 3 for each course.

1 I, _____ (student name and SSN), **certify to the following facts:**
 I am applying for tuition benefits for the following graduate level course(s) taken by me at Washington University.
 My position at WU is _____ In the Department of _____

Summarize Job Description and provide justification for job-relatedness for each course (attach additional sheet if necessary).

Course #1	<i>(Name of Course)</i>
<p>2 Please circle indicating which of the following is correct for this course:</p>	<p>A I was directed to take this/these course(s) by my supervisor/department. B The course(s) was taken to maintain or improve skills needed on my job. C Neither of the above is correct.</p>
<p>3 Please circle one or more of the following for this course:</p>	<p>A The course(s) will be used to fulfill minimum requirements of my job. B The course(s) are part of a program of study that will qualify me for a new trade or business. C Neither of the above is correct.</p>
Course #2	<i>(Name of Course)</i>
<p>2 Please circle indicating which of the following is correct for this course:</p>	<p>A I was directed to take this/these course(s) by my supervisor/department. B The course(s) was taken to maintain or improve skills needed on my job. C Neither of the above is correct.</p>
<p>3 Please circle one or more of the following for this course:</p>	<p>A The course(s) will be used to fulfill minimum requirements of my job. B The course(s) are part of a program of study that will qualify me for a new trade or business. C Neither of the above is correct.</p>
Course #3	<i>(Name of Course)</i>
<p>2 Please circle indicating which of the following is correct for this course:</p>	<p>A I was directed to take this/these course(s) by my supervisor/department. B The course(s) was taken to maintain or improve skills needed on my job. C Neither of the above is correct.</p>
<p>3 Please circle one or more of the following for this course:</p>	<p>A The course(s) will be used to fulfill minimum requirements of my job. B The course(s) are part of a program of study that will qualify me for a new trade or business. C Neither of the above is correct.</p>
Course #4	<i>(Name of Course)</i>
<p>2 Please circle indicating which of the following is correct for this course:</p>	<p>A I was directed to take this/these course(s) by my supervisor/department. B The course(s) was taken to maintain or improve skills needed on my job. C Neither of the above is correct.</p>
<p>3 Please circle one or more of the following for this course:</p>	<p>A The course(s) will be used to fulfill minimum requirements of my job. B The course(s) are part of a program of study that will qualify me for a new trade or business. C Neither of the above is correct.</p>

A course may be considered to be job-related if both of the following conditions are met: either 2(a) or 2(b) is circled, AND 3(c) is circled.

This information is submitted to enable the University to determine whether to withhold taxes from tuition remission for graduate level courses. I understand that I may be required to supply additional information to confirm job relatedness. I understand that the taxability of tuition remission for any course is subject to final determination by the IRS, and that I will be responsible for the payment of all taxes judged by the IRS to be owed by me.

Student Signature _____ **Date:** _____

I, _____, the **immediate supervisor of the above-named employee**, have read the above and confirm that it is true
PLEASE PRINT
 according to my information and belief.

Supervisor Signature _____ **Date** _____