

APPLICATION FOR DAEMEN COLLEGE TUITION WAIVER

EMPLOYEE Name_____Social Security Number XXX-XX-_____

STUDENT Name_____

Social Security Number XXX-XX-_____ Date of Birth_____

School Attending_____

Anticipated Graduation Date_____

Course Level

- Undergraduate Graduate (Dependent benefits are taxable; see Employee Handbook)

Student Status

- FULL-TIME PART-TIME

Relationship to Employee

- Self Spouse Dependent Child as classified by IRS

I am applying for the Tuition Waiver benefit for the following semester(s):

Full Academic Year 20____ - ____

Summer 20____ ~ (Circle One) Session 1 Session 2 Session 3

Fall 20____

Intersession/Spring 20____

I understand that the Tuition Waiver Benefit ceases upon termination of employment or if employment is no longer full time benefit eligible. If the student is attending Full Time, then I agree to have the student apply for the New York State Tuition Assistance Program (TAP) Award. Tuition benefits are contingent upon acceptance to the enrolled College and the student continued to show academic progress. For dependent children, Daemen may request documentation to certify dependent status as classified by the IRS. All pertinent Daemen Policies and IRS tax laws apply.

EMPLOYEE SIGNATURE

DATE

****College reserves the right to cancel summer classes with insufficient number of paying students are enrolled.***