

Return this form to:  
HR Service Center  
hrservice@syr.edu  
Phone 315.443.4042 Fax 315.443.1063  
Skytop Office Bldg., Suite 101, Syracuse, NY 13244

Employees and Dependents must be eligible as defined in the [Syracuse University Dependent Tuition Benefit Policy<sup>1</sup>](#).

Please complete, print, sign and return this application to Human Resources by the appropriate deadline that falls prior to the period in which your dependent will be utilizing the tuition program. **It is your responsibility to call HR with the name of the school your child will be attending and the single tuition benefit option they are selecting. Failure to contact HR may result in a loss of benefit.**

**Employee Information**

Name: \_\_\_\_\_ SUID: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Dependent Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student status for period being requested:

- First year     Second year     Third year     Fourth year     Fifth year  
 First time student     Returning student     Transfer student

**Does this dependent have another parent/guardian employed by Syracuse University?**

- Yes     No

If Yes, provide: Name: \_\_\_\_\_ SUID: \_\_\_\_\_

**Tuition Program Application Deadlines**

**First Application**

**SU Tuition Waiver:** November 15; early decision  
February 1; regular admission

**Tuition Exchange:** November 15

**Cash Grant:** May 1

**Renewal Application**

**SU Tuition Waiver:** March 1

**Tuition Exchange:** February 1

**Cash Grant:** May 1

**Tuition Program Requested**

**SU Tuition Waiver**

**Tuition Exchange:** Applicants must complete this application **and** the Tuition Exchange Request Form.  
Applicants must list the name of the school(s) on the Tuition Exchange Request Form.

**Cash Grant:** Awards may be applied towards tuition charges for dependents who are attending an Eligible Accredited Post Secondary Institution of Learning. Checks are mailed July 1 and December 1 and are made payable directly to the institution. Provide name and address of institution:

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

<sup>1</sup> As is the case with all benefits offered by SU, (1) the Plan Administrator has the discretionary authority to interpret the terms of the policy and such interpretation will be binding on all interested parties to the fullest extent permitted by law, and (2) the University reserves the right to modify or terminate the policy at any time.

**Semesters Requested**

- Fall semester     Spring semester     Summer semester (Summer is available only to those participating in the SU Tuition Waiver Program)

Expected graduation date: \_\_\_\_\_

**Employee Certification of Dependent Status**

**I certify that:**

1. This student is my dependent and will be claimed as a dependent by me on my IRS Federal Income Tax Return for the tax year in which the benefit is received or I have provided alternative documentation as required in the Dependent Tuition Benefit Policy; and
2. This student is my (select one):
  - biological child;
  - child of my spouse or eligible same-sex domestic partner;
  - child for whom I am the legal guardian or have legal custody; adopted child; or
  - child who has been placed with me for adoption; and
3. If participating in the SU Tuition Waiver Program, this student will apply for the NYS Tuition Assistance Program (TAP) or will provide documentation to the University's Bursar's Office satisfying the exemption requirements for this period; and
4. The information I have provided on this form is true to the best of my knowledge and I understand that misrepresentation of any statement on this form is cause for cancellation of the tuition benefit; and
5. I have read the Syracuse University Dependent Tuition Benefit Policy and understand how it pertains to me and my dependent.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To properly certify dependent eligibility, documentation is required to be submitted with this application. If you have not already provided, please submit the appropriate legal documentation to support the dependency relationship in #2 above, as well as the first two pages of your most recent signed Federal Income Tax Return.** If you have any questions, please contact the Human Resources Service Center at 443.4042.

Human Resources Section

**Eligibility Certification**

**I certify that the eligibility criteria for both employee and student have been verified.**

- Dependent Tuition Benefit is APPROVED  
 Dependent Tuition Benefit is DENIED

Signature SU Office of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

If denied, reason(s) for denial: \_\_\_\_\_