



Spouse or Dependent Tuition Waiver Application

Office of Financial Aid, May Hall 111 701-502-4407

<p>EMPLOYEE CERTIFICATION OF DEPENDENT STATUS</p>	<p>I certify that:</p> <ol style="list-style-type: none"> This student is my spouse or dependent and I have provided documentation as required in the Spouse or Dependent Tuition Waiver Policy; and This student is my (select one): <ul style="list-style-type: none"> <input type="checkbox"/> spouse <input type="checkbox"/> biological child; <input type="checkbox"/> child for whom I am the legal guardian as appointed by the court <input type="checkbox"/> adopted child; or <input type="checkbox"/> child of an eligible spouse; I have read the Dickinson State University Spouse or Dependent Tuition Waiver Policy and understand how it pertains to me and my spouse or dependent; and 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 I agree to notify the Office of Financial Aid in writing of any changes in marital status or dependency status that occur during the academic year; and I understand that this waiver will be approved upon meeting the criteria; that the value of this waiver is taxable income to the employee for graduate level courses taken by the spouse or dependent and that the applicable payroll taxes will be deducted from the employee's paychecks during each semester; and the wavier amount received and the spouse or dependent will be disclosed on the employee's annual benefit statement. <p>Employee Signature _____ Date _____</p> <p>Spouse/Dependent Signature _____ Date _____</p> <p><u>To properly certify spouse/dependent eligibility, documentation is required to be submitted with this application. If you have not already provided it, please submit the appropriate legal documentation to support the dependency relationship in #2 above.</u> If you have any questions, please contact the Office of Financial Aid at 701-483-2371.</p>
<p>ELIGIBILITY CERTIFICATION</p> <p><i>To be completed by FA and HR</i></p>	<p>HR Confirm Benefited Employee: _____ (Date)</p> <p>FA Approve Benefit: _____ (Date)</p> <p>FA Denied Benefit: _____ (Date)</p> <p>Reason:</p>