Washington University in St. Louis

Request for Spouse Tuition Assistance - Undergraduate Courses

Please read the plan document located at http://hr.wustl.edu for complete details about this benefit.
To contact Benefits with additional questions (eligibility, etc) call 935-5759 or email kolivastro@wustl.edu

Employee Instructions:	1) Forms are due prior to the first day of class (in compliance with the plan document)
	2) Complete sections 1 through 4. Please print or type clearly.
	3) Mail original form to: Tuition Assistance, CB 1190. Retain a copy for your records.
	4) Student must complete registration at designated school. Please advise the school of your ID or SSN.

Section 1: Employee Information

Employee Name	
Student ID	
Employee ID	
Campus Box	
Office Phone	
Email	
Union status	Non-Union / Union
Date of Hire	

Section 2: Spouse Student Information

Student Name	
Student ID	
Email	
Daytime Phone	

Are these courses eligible for reimbursement under another plan (i.e., spouse's employer)? ☐ **No** ☐ **Yes** If yes, please attach documentation

Section 3: Course Information

Semester: SPRING SUMMER FALL   **WU school name:**

Year:	Course #1	Course #2	Course #3	Total
Name of course				------
Day/Time course meets				
Course and section #				------
No. of credit hours				
Cost per credit hour				------
Total cost this semester				

Section 4: Employee Signature

I verify that I have read the Spouse/Domestic Partner Tuition Assistance Plan dated 1/1/12 and agree to its terms. If I am found to be ineligible for this benefit, I agree to remit payment for the full amount due. Should I fail to remit payment in a timely manner, I authorize payroll deduction for the amount due.

I understand that a passing grade must be achieved in order to retain the tuition benefit. Information regarding students who fail a course will be obtained by Student Records to determine eligibility. I understand that I will be responsible for all associated fees should my spouse decide to drop the course(s) enrolled in after the first week of class, or fail a course. Should I fail to remit payment for dropped classes in a timely manner, I authorize a deduction(s) from my paycheck for the amount due.

_____
Signature of Employee   **Date**

Section 5: Employee Benefits Approval

I verify that this employee is a current,
full-time employee eligible for benefits.
_____
Signature of Employee Benefits Representative   **Date**

Section 6: Accounts Receivable Summary   *ACCOUNTING DEPARTMENT USE ONLY*

	Total	Account to Credit in SIS				
Employee Benefit - 50% of total amount		_____ ACAD YR	S B E N TRANS CODE	1 4 LC	0 0 0 0 DEPT	7 6 0 5 BUOB
Amount Employee is responsible for paying		NOT APPLICABLE				
Total cost this semester		NOT APPLICABLE				
Date student account credits posted in SIS						

Spouse Tuit-ugrad rev1112.doc