

**TUITION REMISSION – APPLICATION AFFIDAVIT**

**Do not fill out this form if you claimed your child as your tax dependent on your 1040. Fill out TR 2.**

Section A. Employee/Dependent Name (Please print)	
Print Name:	UC ID (M#):
Child's name and M# (if applicable):	Child's birth date:
Section B. Marital and Tax Dependency Information. Check the appropriate boxes and attached required documentation.	
<input type="checkbox"/>	My child is unmarried.
<input type="checkbox"/>	I do not claim my child as my tax dependent because he/she was employed for all or a portion of 2015 and files his/her own taxes. You must provide more in support than your child earned in order for your child to be eligible for Tuition Remission. You must attach a completed Affidavit worksheet (available at <a href="http://www.uc.edu/hr">http://www.uc.edu/hr</a> ) and a copy of your child's Federal Tax return.
<input type="checkbox"/>	I did not claim my child as my tax dependent for the tax year _____. My child <i>was not employed</i> for any part of the 2015 tax year. I provide more than half (51%) of my child's support. You must attach a completed Affidavit worksheet (available at <a href="http://www.uc.edu/hr">http://www.uc.edu/hr</a> ).
<input type="checkbox"/>	I did not claim my child as my tax dependent for the tax year _____. My child <i>was employed</i> for all or part of the 2015 tax year. You must provide more in support than your child earned in order for your child to be eligible for Tuition Remission. You must attach a completed Affidavit worksheet (page 2) and a copy of your child's Federal Tax return.
Section C. Employee/Student Verification and Signature	
<p>I understand the contents of this Application Affidavit and certify the information stated above is true and accurate. The university may request additional documentation and this information may be relied upon by the university. I will notify the University of Cincinnati Benefits Department in writing of any changes in the information listed above within 31 days of the change. Furthermore, I understand that knowingly submitting false or deceptive information is considered fraud under Ohio law. If the tax return(s) and any other requested documentation fail to support the current dependent situation, my child will immediately lose his/her tuition remission benefits. I understand and agree that I will be responsible for reimbursing the University for any amount paid in reliance on these representations if the child was ineligible for such under the University rules. Submitting false information on this document may result in legal action. <b>You must attach a copy of your child's most recent Federal Tax return and a completed Affidavit worksheet (available at <a href="http://www.uc.edu/hr">http://www.uc.edu/hr</a>).</b> Forms will not be processed until all requested documentation is provided.</p>	

\_\_\_\_\_  
Signature of Employee and Date (**Must be notarized**)

\_\_\_\_\_  
Signature of Student and Date (**Notarization not required**)

\_\_\_\_\_  
Sworn to me on this date

\_\_\_\_\_  
Public Notary

\_\_\_\_\_  
Notary Public's Address

\_\_\_\_\_  
Commission Expiration

SEAL

Section D. Human Resources Use Only	
<input type="checkbox"/> Approve <input type="checkbox"/> Deny   Term: <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> U   Term End Date: _____ By: _____ Date: _____	

Submit the completed form and attachments to: Human Resources Department, Suite 340 University Hall, 51 Goodman Drive, Cincinnati OH 45221.

## SPOUSE/DOMESTIC PARTNER/DEPENDENT CHILD TUITION REMISSION APPLICATION

For additional information about tuition remission refer to the website at [www.uc.edu/hr](http://www.uc.edu/hr). Tuition remission University Rules can be found at <http://www.uc.edu/trustees/rules.html>

This form along with necessary documentation should be submitted prior to the first day of a term classes will be taken. Incomplete applications or applications without proper documentation may result in a processing delay. Tuition remission will not automatically apply when registering for classes on or after the first day of the term. Student Health Insurance will automatically apply unless the student waives this coverage. Please be sure to keep a copy of this form and any attachments for your records.

Federal records privacy law entitled "The Family Educational Rights and Privacy Act of 1974" (FERPA) prevents any UC office from releasing information to you regarding your spouse or domestic partner, or dependent's education or billing records. In accordance with FERPA, the spouse, domestic partner, or dependent MUST provide written and signed consent authorizing UC to release this information specifically to you by name.

Submit this form and all the other required documentation if needed to [tuitionremission@uc.edu](mailto:tuitionremission@uc.edu) or fax to 513-556-9652.

### Section A – Employee/Affiliate/Retiree Information

Print Name:	UC ID (M#):
Email address:	Daytime Phone No.
Academic Term:	

### Section B – Spouse/Domestic Partner/Dependent Information and Certification (Please print and list only those who will attend classes).

Along with this application, please provide the following proof of dependency for your child(ren): your most recent federal tax return of showing a child listed as a dependent. If this is your FIRST use of Tuition Remission for the child/ren listed, please include a copy of the child's birth certificate. **If your child is no longer your tax dependent complete the Tuition Remission Application TR 2A along with the affidavit which can be found at [www.uc.edu/hr](http://www.uc.edu/hr).**

I have read and understand the university rules regarding tuition remission and the program guidelines found on the links above. I acknowledge the requirements to maintain Satisfactory Academic Progress. (Digital signature is acceptable.)

Name	DOB	M#	Dependent Signature

### Section C – Employee Certification

I certify that the above information and accompanying documents are true, correct, and complete. I have read and understand the university rules regarding tuition remission and the program guidelines found on the links above. I agree to provide additional verification documents upon request. Should the eligibility status of my spouse, domestic partner or dependent child change, I agree to immediately notify Human Resources. I understand and agree that I will be personally responsible for reimbursing the university for the amount of tuition which was remitted if the student is or becomes ineligible for tuition remission according to the university rule. I am aware that there are certain circumstances when tuition remission is taxable.

Employee Signature (Digital signature is acceptable.) \_\_\_\_\_ Date \_\_\_\_\_

### Section D – Human Resources Use Only

<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Term: <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> U	TR End Date: _____
By: _____		Date: _____

University of Cincinnati  
Tuition Remission Affidavit  
Financial Support Documentation

Do not fill out this form if you claimed your child as your tax dependent on your 1040. Fill out TR 2

Employee Name

M#

Student Name

M#

For Academic Year:

Number of People in Household

Insert total of student's wages from most recent tax year (from 1040):

**YOU MUST PROVIDE MORE IN FINANCIAL SUPPORT THAN THE STUDENT EARNED**

*Attach copy of student's 1040.*

Please enter the appropriate values in the blue column.

FAMILY EXPENSES - SHOW THOSE WHICH APPLY TO YOUR FAMILY - see notes below.			
Expense Types	Monthly Financial Expenses	Monthly support provided for the student divided by number in household	Annual support provided for above student (monthly x 12)
Mortgage or Rent (1)			
Groceries			
Homeowner's/Renter's Insurance (1)			
Utilities (gas & electric, water) (1)			
Cable (1)			
Internet service (1)			
Car payment (2)			
Car insurance (2)			
Other (describe) _____			
Other (describe) _____			

Comments:

ADDITIONAL SUPPORT YOU PROVIDE. SHOW STUDENT EXPENSES ONLY.		
Expense Types	Monthly support provided to the student only	Annual support provided for above student (monthly x 12)
Clothes		
Health Insurance (medical and dental)		
Life Insurance		
Medical/dental expenses (copays, deductible, etc.) (3)		
Cell phone		
Other (describe) _____		
Other (describe) _____		

**MONTHLY GRAND TOTAL**

**ANNUAL GRAND TOTAL**

Notes:

1. For student's primary residence.
2. Student's car or if family car, car driven by student on a primary basis.
3. Expenses not reimbursed by other carrier or health FSA

You may be asked to provide copies of supporting documentation.