Family Tuition Benefit Request to attend Clark University Office of Human Resources/Affirmative Action (To be completed and signed by eligible faculty or staff member and returned to HR)

Full-time employees are eligible for SPS and SOM tuition benefit the semester following date of hire.

pioyee ituine	Dept _	Hire D	oate	Faculty	」Staff
ident's Name (Required)		Clark ID# (Required)			
lationship of the student to the faculty/sta	ff member? [☐ Self ☐ Spouse* ☐ Quali	ifying depen	ndent**	
pendent's Date of Birth: (P				chusetts.	
o satisfy the IRS definition of "qualifying dependent or re than one-half of the taxable year; (b) unless disable provide more than one-half of his or her own support	ed, be under age 19	if not a student or, under age 24 a	ind be a full-tin	ne student at leas	t 5 months out of the yea
IDERGRADUATE STUDIES					
* Day College	# of Courses	Academic Year (Please fill in below)		l Use Only)	
*School of Professional Studies (SP	S)	(Choose one)	SPS \$		
☐ 1 st year Graduate s		☐ Summer I☐ Summer II	GS \$		
☐ Sophomore Circle if you anticip ☐ Junior your degree at the er	_	□ Fall			
☐ Senior YES	NO	☐ Intersession☐ Spring	CODE		
culty/Staff Member Signature and Date		n in excess of \$5250 per calendar v	ear that does n	not meet the crite	ria below be taxed.
Note: mo required the salar	# of Courses	Per IRS Code Section 132:	To exclude th	ne cost of Scho	ol of Professional Stu
*School of Professional Studies (SPS)		Graduate and GSOM courses following conditions must app			taxable wages <u>one</u> of
**C-11-6N/		(explanation attached by sup	ervisor)		
**School of Management (SOM) MBA/MSM		☐ The educational course mu skills in my current job	ust be job rela	ited and either	maintain or improve jol
MSF/MSA		☐ The educational course is	required by t	he University, o	r the law, to retain the
		or pay level, and serves a bon			•
□ Audit □ Credit		And the following two conditions do not apply to the course(s) 1. The educational course is needed to meet the minimum educational			
		requirements of my current job, or			
		2. The educational cou	ırse will qualit	fy me for a new	trade or business.
noted by both my signature and my supervisor's	signature below	, we have reviewed and determi	ned that the o	course(s) satisfy	at least <u>one</u> of the
nditions above.					

Student Accounts/GSOM

Human Resources Approval and Date