# Education Benefit Application

**Employee Information**

Name [ ]     Employee ID [ ]     Hire Date [ ]     Hours Worked Per Week [ ]

**Program**     **(You MUST Select ONE)**

○ Tuition Exchange          ◉ Tuition Reimbursement          ○ Tuition Remission

**Student Information**

Name [ ]     Birth Date [ ]     Relationship to Employee [ ]

College/University Name [ ]

| Quarter/Semester | Course Title | Course Number | Credit Hours | Tuition Cost |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Tuition Reimbursement Applied For

Total Tuition Cost [ ]

Total Tuition Fees Cost [ ]

Total Reimbursement Requested [ ]

I acknowledge by my signature that I have read the Tuition Reimbursement policy and agree to the terms. Furthermore, I certify that I have not claimed other reimbursement for this tuition amount. I understand the taxability of this benefit, and I understand that I must submit via Concur proof of successful completion of the course and proof of payment in order to receive reimbursement..

1. I understand that the value of my tuition may be considered taxable income based on current IRS regulations.
2. I certify that any child obtaining Undergraduate Education Benefits is claimed as my dependent for income tax purposes.
3. I understand that failure to provide truthful information can delay or jeopardize my eligibility in Santa Clara University's Education Benefits.
4. I understand that more documentation may be requested.

_____     _____
Employee Signature                                      Date

_____     _____
Supervisor  Signature                                    Date
( Supervisor verifies that the above classes are work related)