WRIGHT STATE UNIVERSITY

Human Resources
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Eligiblity Statement for Fee Remission Authorization

Employee Name _____ **UID Number** _____

Hire Date _____ **Email Address** _____

Name	UID#	SSN	Date of Birth	Relationship Type
				☐ Spouse ☐ Dependent Child ☐ Non-Dependent Child
				☐ Spouse ☐ Dependent Child ☐ Non-Dependent Child
				☐ Spouse ☐ Dependent Child ☐ Non-Dependent Child
				☐ Spouse ☐ Dependent Child ☐ Non-Dependent Child
				☐ Spouse ☐ Dependent Child ☐ Non-Dependent Child

Definitions:

Dependent Child - A child who meets the IRS definition of a qualifying child.

Non-Dependent Child - A child who does not meet the IRS definition of a qualifying child. Non-dependent children are eligible for a 50% fee remission benefit for graduate-level courses only and are not eligible for undergraduate or Ph.D. programs. This benefit supersedes all institutional aid and will be the only institutional benefit applied.

Spouse - An individual to whom the employee is legally married under applicable federal law.

Acknowledgment:

I certify that the individual(s) listed meet the eligibility criteria for fee remission. I understand that dependent verification documentation is required and may be audited to confirm continued eligibility. If eligibility cannot be verified, I am responsible for repayment of applicable tuition and fees. I understand that graduate-level fee remission benefits for myself, my spouse, dependent child, or eligible non-dependent child may have tax implications. Specifically, under federal tax law, graduate-level educational assistance benefits provided are taxable income to the employee, regardless of who is taking classes. I understand that any applicable federal, state, and local taxes will be withheld from my last paycheck in the semester in which the graduate-level course was taken.

_____ _____

Employee Signature Date

HR Use Only: HR Associate _____ Benefits: _____