

OAKLAND UNIVERSITY
REQUEST TO PARTICIPATE IN THE
FACULTY RETRAINING OR TUITION WAIVER BENEFIT

1. These benefits and eligibility guidelines are described in the Faculty Agreement.
2. The faculty beneficiary must complete this form and submit it to the Office of Academic Affairs and Provost (205 Wilson Hall)
3. A separate form must be submitted for each faculty member, spouse or dependent child (< 25 years old) participating.
4. This form is completed only once for each participant, at the time of initial enrollment in credit courses.
5. The faculty beneficiary must report all subsequent enrollments to the Office of Academic Affairs and Provost on a semester by semester basis.

Beginning with the _____ term, I, _____,

certify that _____ is at present related to me as follows:

1. _____ Spouse
2. _____ My child by birth.....(Birth date _____)
3. _____ My child by legal adoption(Birth date _____)
4. _____ Waiver is for my use

_____ (Student Number)

In case of item 2 or 3 above, I certify that this child is dependent upon me for more than half her/his support as defined by the Internal Revenue Code, and will be **no more than 25 years of age** at the time of regular registration.

PLEASE NOTE: The Federal Tax Reform Act of 1984 requires that **graduate level tuition** provided to any employee (\$5,250 exclusion per year), employee spouse, or employee dependent be subject to income tax withholding and FICA tax deduction.

During one pay period each semester that graduate tuition benefits are received, the faculty beneficiary will be assessed the additional tax withholding. The graduate tuition benefit amount will be added to the beneficiary's gross salary for the purpose of calculating tax deductions. The normal paycheck amount will thus be reduced by the tax effect (e.g. 15%, 28%, 31%) of the graduate tuition benefit amount, depending upon the beneficiary's income level and number of dependents claimed on the W-4 form.

Signature: _____ Date: _____

CC: Academic Affairs Office
Faculty Member