

# Oakland University

## CAREER DEVELOPMENT APPLICATION

### REQUEST FOR TUITION WAIVER

**FOR UHR USE ONLY**

Amt paid \_\_\_\_\_

Amt Rsvd \_\_\_\_\_

BANNER ENTRY \_\_\_\_\_

Contract No. \_\_\_\_\_

Be sure to give all information requested.

**Forms will only be accepted as early as one semester before and no later than the drop/add date for the semester.** No forms will be accepted after the drop/add date for the semester.

Submit forms to the Employment Services Office. Please keep a copy of this form for your records.

\*A new Application must be completed for *each* semester requested.

Reset Form

#### PART I - PERSONAL INFORMATION

Employee Name \_\_\_\_\_ Employee Group \_\_\_\_\_ Grizzly ID \_\_\_\_\_

Position Title \_\_\_\_\_ Department \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_ Date of Hire \_\_\_\_\_

#### PART II - COURSE DATA

Degree \_\_\_\_\_ Area of Specialization \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Certificate-Granting Program \_\_\_\_\_ Completion Date \_\_\_\_\_

**Employee will attend (please check one):**

Fall Year \_\_\_\_\_

Winter

Summer 1

Summer 2

**Level**

Undergraduate FR/SO

Undergraduate JR/SR

Graduate (taxable benefit)

Other \_\_\_\_\_

COURSE TITLE & NAME	COURSE NO.	CREDITS	CLASS MEETING DAY/TIME

The course(s) listed above are:

Held during my regular work schedule.  Yes  No

If yes, please specify the hours in class \_\_\_\_\_

I understand the obligations set forth by Oakland University and my collective bargaining agreement or policy manual. I authorize the Employment Services Office to verify evidence of payment and my grades for classes taken at Oakland University for the semester(s) for which the tuition benefit was paid. I acknowledge that the value of tuition benefits exceeding \$5,250 for courses taken at the graduate level are considered taxable income and will be included as compensation on my W-2 form filed with the IRS and subject to income tax withholding.

Employee \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*CLASSES HELD DURING EMPLOYEE'S REGULAR WORK\*\*\*  
 \*\*\*\*\*SCHEDULE REQUIRES APPROVAL BY SUPERVISOR AND DIVISION HEAD\*\*\*\*\*

Division Head \_\_\_\_\_ Date \_\_\_\_\_

Employment Services \_\_\_\_\_ Date \_\_\_\_\_

Print Form