

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..

Please explain why this course and/or degree is job related to your current position at Santa Clara University

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
(Supervisor verifies that the above classes are work related)

Date