



COLORADO SCHOOL OF MINES

APPLICATION DEPENDENT TUITION REDUCTION PROGRAM

I. INSTRUCTIONS: Submit this form to Human Resources for **each semester** of enrollment no later than the **first day** of the semester. Applications received after the first day of the semester will not be eligible for the benefit.

II. EMPLOYEE INFORMATION (PLEASE TYPE OR PRINT)

Employee Name: _____ CWID: _____

Campus Phone: _____ Academic Year: _____

Semester: Fall Spring 1st Field 2nd Field Summer I Summer II

Employee's Department: _____ Email: _____

I certify that the dependent named below is my dependent child who is unmarried, has not attained age 24, is chiefly dependent upon me for support and maintenance, meets the I.R.S. definition of a dependent, and can be claimed as an exemption on my income tax filing. I understand I may be required to provide proof of dependent status. I agree to notify the Human Resources Office immediately of any change in status with my dependent. I understand that if any Dependent Tuition Reduction Benefits are granted for an ineligible dependent, I agree to repay the Colorado School of Mines for any Dependent Tuition Benefits received for the semester in which the dependent is determined to be ineligible. Further, I understand that if I knowingly file a request for an individual who does not qualify as an eligible dependent or otherwise contains any misrepresentation or any false, incomplete, or misleading information, I may be subject to adverse employment action up to and including termination.

Employee Signature: _____ Date: _____

III. DEPENDENT STUDENT INFORMATION (PLEASE TYPE OR PRINT)

Dependent Student's Name: _____ CWID: _____

Email: _____ Relationship to Employee: _____

I understand that in order to be eligible for this Dependent Tuition Reduction Benefit I must remain a full time undergraduate student and that I must be in "good standing" as defined by the Colorado School of Mines. I also understand that once I have completed the requirements for an undergraduate degree, the Dependent Tuition Reduction Benefit will end regardless of whether I apply for graduation and that the maximum number of undergraduate hours to which this benefit may apply is 145 credit hours. I understand that this benefit does not apply to graduate credit hours.

Dependent Student Signature: _____ Date: _____

For University Use

HR – Eligible employee? Yes No % Appt: ____ Signature: _____ Date: _____

Fin. Aid – Eligible student? Yes No Signature: _____ Date: _____