

WAIVER OF TUITION FOR MCAD CONTINUING EDUCATION COURSES

This application is to be used by MCAD benefits-eligible employees in requesting a tuition waiver for themselves, a spouse or child wishing to attend the Minneapolis College of Art and Design Continuing Education Program. If the registration is for your child, this form and one of the attached sheets regarding dependency or non-dependency status needs to be completed before registration is finalized **each semester**.

NOTE: Employees are limited to one course each semester.

It is expected that employees will not enroll in classes that conflict with their scheduled working hours.

*****Tuition Waiver application form must be submitted to HR no later than one week prior to the earliest requested course start date.*****

Tuition Waiver and Registration Process:

- Employee must complete tuition waiver application form in full, including desired courses.
- Employee must obtain approval signature from immediate supervisor.
- Employee must submit completed tuition waiver application form to HR no later than one week prior to the earliest requested course start date for final approval and final signature.
- Participant will be contacted, by Continuing Education, once tuition waiver application form has been received.
- Participant will be placed on a waitlist until one week prior to the start of the course.
- Registration is dependent upon space availability. Participant will be contacted by Continuing Education once space availability status has been confirmed.
- The participant must pay the required registration fee of \$25 and any additional materials/facilities fees.
- Employees will also be taxed on the value of the tuition if the participant is a non-dependent child.

Employee Name: _____ Date of Hire: _____

Department Name: _____ Work Status: Full-Time Part-Time

If you are registering your spouse or child, please give the following information:

Name: _____

Relationship (Check One): Spouse * Child (Child's date of birth): _____

***Complete one of the attached sheets regarding dependency or non-dependency status.**

Check One: Fall Semester – 20____ Spring Semester – 20____ Summer Session – 20____

<u>Course Name</u>	<u>Course #</u>	<u>Start Date</u>
1 st Choice _____	_____	_____
2 nd Choice _____	_____	_____

Employee's Signature _____
Date

Supervisor's Signature _____
Date

VP of Human Resources Signature _____
Date

OFFICE USE ONLY

Original to: Tuition Waiver File Top sheet to: Continuing Education
Full copy to: Payroll/Business Office
Employee's Central File
Employee

CERTIFICATION OF DEPENDENCY STATUS
For Enrolling in MCAD Continuing Education Courses

In order for MCAD to exclude the value of tuition from your gross income, **each semester** we must ask that you certify that the student on the tuition waiver program is your dependent child.

The IRS defines a dependent child as a son, stepson, daughter, or stepdaughter. Please consult your tax advisor if you have specific questions about dependency status.

I certify that my child will be a dependent during the semester as indicated below:

- Fall Semester - 20_____
- Spring Semester - 20_____
- Summer Session - 20_____

_____ Student's Name	_____ Date of Birth
_____ Relationship to Employee	
Claimed as a dependent on your income taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	

_____ Employee's Signature	_____ Date
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CERTIFICATION OF NON-DEPENDENCY STATUS For Enrolling in MCAD Continuing Education Courses

My child does **not** meet the IRS requirements for dependent status. I understand an **administrative fee of 7.65%** of the value of the tuition will be deducted from my paycheck.

In addition, the value of the tuition will be included on my IRS Form W-2 as gross taxable income. If I am a participant in MCAD's Defined Contribution Retirement Plan, employer and employee contributions will also be made on this amount of income. My portion of the FICA taxes will also be deducted from my paycheck.

***Note: Because of the additional taxable income, you may want to change your Form W-4 to request additional withholding of taxes. (You may want to consult your tax advisor on this matter.)**

I have read and I understand the attached information. I certify that my child will be a non-dependent during the semester as indicated below:

Check One /Fill In Year: <input type="checkbox"/> Fall Semester - 20____ <input type="checkbox"/> Spring Semester – 20____ <input type="checkbox"/> Summer Session – 20____

_____ Student's Name
_____ Relationship to Employee

_____ Employee's Signature	_____ Date
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Payroll Office Use Only:	_____
Tuition Value:	\$ _____
Administrative Fee: (7.65% of the value of the tuition)	\$ _____
Pension Contribution: (3.5%, if a participant)	\$ _____
FICA Taxes: (7.65% of the value of the tuition)	\$ _____
TOTAL: (Amount to be deducted from check)	\$ _____

Check Date(s)

Copy to: Human Resources
Employee-copy in check

A copy of this form will be sent out from the Payroll Office indicating the exact amount of the administrative fee that will be charged to the employee's paycheck. It will also indicate the amount of social security taxes that will be deducted from the employee's paycheck.