WAIVER OF TUITION
MCAD UNDERGRADUATE DAY SCHOOL CLASSES
POST-BACCALAUREATE CERTIFICATE CLASSES

This application is to be used by MCAD employees in requesting a tuition waiver for themselves, a spouse or child wishing to attend the Minneapolis College of Art and Design Undergraduate Day School Program or the Post-Baccalaureate Certificate Program(s). If the registration is for your spouse or 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 class each semester. It is expected that employees will not enroll in classes that conflict with their scheduled working hours.

Employee's Name:

Department Name:

Date of Hire: _____   Employment Status: ____FT ____ PT

Check One: ____ Undergraduate Day School Program
                  ____ Post-Baccalaureate Certificate - Graphic Design
                  ____ Post-Baccalaureate Certificate –Interactive Design & Marketing

Check One: _____ Fall Semester   20 _____
                  _____ Spring Semester   20 _____
                  _____ Summer Session   20 _____

Course(s):   _____

                   _____

IF YOU ARE AN EMPLOYEE REGISTERING YOURSELF, YOU MAY SKIP DOWN TO THE SIGNATURE LINE.

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

Name_____

Relationship (Check One): ❐   Spouse
                                    ❐   Child, İf you are registering for a child, please give date of birth:_____

_____   _____
Employee's Signature   Date

_____   _____
Supervisor's Signature   Date

_____   _____
VP of Human Resources Signature   Date

*Note: **Enrollment will be allowed only if the selected class is not fully enrolled.**
            The participant must pay the required registration fee of $30 and any additional fees.
            Employees will also be taxed on the value of the tuition if the participant is a registered domestic partner or non-dependent.

OFFICE USE ONLY

Original to:	Tuition Waiver File	Undergraduate Top Sheet to:	Records Office Financial Aid Office
Full copy to:	Payroll/Business Office Employee's Central File Employee	Post-Baccalaureate Top Sheet to:	Records Office Financial Aid Office Continuing Education

CERTIFICATION OF DEPENDENCY STATUS
For Attending MCAD Undergraduate Day School Courses or
Post-Baccalaureate Certificate Classes

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

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? ❐ Yes ❐ No	

Employee's Signature   Date

CERTIFICATION OF NON-DEPENDENCY STATUS

for Attending MCAD Undergraduate Day School Courses or
Post-Baccalaureate Certificate Classes

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:
    ❐ Fall Semester – 20_____   ❐ Spring Semester – 20_____   ❐ Summer Session – 20_____

_____

Student's Name

_____

Relationship to Employee

_____   _____

Employee's Signature   Date

Payroll Office Use Only: _____   **Check Date(s)**

Tuition Value: $_____   **Copy to: Human Resources**
                                                    Employee-copy in check

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)

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.