Effective 07/2007
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Questions about this form? Contact HR Benefits
E-mail: benefits@uchicago.edu Fax: 773-834-0996

THE UNIVERSITY OF CHICAGO

APPLICATION FOR TUITION ASSISTANCE FOR EMPLOYEE CHILD
AT THE UNIVERSITY OF CHICAGO - COLLEGE

Please Note: The maximum period of this benefit is 12 quarters; and this form must be completed **every quarter**.
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Employee Name:_____ Employee SS#:_____

Department:_____Work Phone:_____

Student Name:_____

Student ID#:_____Student SS#:_____

Quarter attending: Autumn: _____ Winter: _____ Spring: _____ Summer: _____   of 20_____

Number of Courses:_____

       Full tuition amount for these classes this quarter: $_____

       Less: other scholarship (if any):   --- $_____

       NET QUARTERLY TUITION: $_____

The above named child is: (check one)

_____ my unmarried son/daughter and is named as a dependent on my federal income tax return.
_____ my unmarried stepson/stepdaughter and is named as a dependent on my federal income tax return.
_____ the unmarried son/daughter of my University-approved domestic partner and is named as a dependent on
      my federal income tax return.
_____ an unmarried child for whom I am legal guardian and who is named as a dependent on my federal income
      tax return.

Employee Signature:_____Date:_____

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FOR BENEFITS USE ONLY:

Approved:_____Date:_____

Denied:_____Date:_____ Reason:_____