

St. Mary's University Dependent Education/Tuition Benefits Form

Section I: Employee Information

Date of hire: _____ Date of benefit application: _____
Employee's name: _____ Job title: _____
St. Mary's ID number: _____ Department: _____
Employee's signature: _____ Date: _____

I affirm that the applicant is a dependent as defined by the Internal Revenue Code, or a first-generation Marianist niece or nephew, as stated below.

Section II: Applicant Information

Dependent's name: _____ Date of birth: _____
St. Mary's ID number: _____ Dependent type: Child
Student classification: Freshman Stepchild
 Sophomore Spouse
 Junior (Marianists only) 1st generation niece
 Senior (Marianists only) 1st generation nephew
Admitted to the University: Yes No Date of acceptance: _____
Requested semester: _____ Total number of hours: _____

Please attach class schedule to this form. Tuition Benefit participants are not eligible to attend classes until all required benefit forms are completed. Employee benefit participants are required to inform Human Resources if any schedule changes are made.

Section III: Human Resources Office

The Office of Human Resources reviews the form and verifies the policy has been applied properly.

Eligible for tuition benefit: Yes No Account: _____
Benefit rate: 50% 75% 100%
Approval by the Office of Human Resources: _____ Date: _____