

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

Section I: Employee Information

Complete the form for the requested semester in which courses are planned to be taken.

Requested semester: Spring _____ Summer _____ Fall: _____
Date of hire: _____ Today's date: _____
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 ___ 1st generation niece
 ___ Senior ___ 1st generation nephew
Admitted to the University: ___ Yes ___ No Date of acceptance: _____

Total number of hours: _____

Are requested course(s) part of United Colleges of San Antonio Cooperative Agreement? ___ Yes ___ No

Tuition Benefit participants are not eligible to attend classes until all required benefit forms are completed. Dependent 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 Fund code: _____
Benefit rate: ___ 50% ___ 75% ___ 100%
Approval by the Office of Human Resources: _____ Date: _____