

Vermont State Colleges

TUITION WAIVER REQUEST

EMPLOYEE INFORMATION

Employee:		Employee User ID: (i.e., initials birth month birthday 0)	
Position Title:		Hire Date:	
<u>I Am Employed By</u> <input type="checkbox"/> Castleton State College (CSC) <input type="checkbox"/> Community College of Vermont (CCV) <input type="checkbox"/> Johnson State College (JSC) <input type="checkbox"/> Lyndon State College (LSC) <input type="checkbox"/> Vermont Technical College (VTC) <input type="checkbox"/> Chancellor's Office		<u>I Belong to the Following Unit</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Administrator <input type="checkbox"/> Full-Time Faculty <input type="checkbox"/> UPVT/PAT <input type="checkbox"/> UPVT/Supervisor <input type="checkbox"/> Graduate Assistant </div> <div> <input type="checkbox"/> Administrative Staff <input type="checkbox"/> Part-Time Faculty <input type="checkbox"/> VSEA <input type="checkbox"/> Retiree <input type="checkbox"/> Other </div> </div>	

WAIVER REQUEST

I request a tuition waiver on behalf of:		<input type="checkbox"/> Myself <input type="checkbox"/> My dependent child (see instructions on reverse side) <input type="checkbox"/> My spouse <input type="checkbox"/> My civil union partner <input type="checkbox"/> Dependent child of my civil union partner	
For the following semester: (Check one)	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____	For: (Check one) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Castleton State College <input type="checkbox"/> Community College of Vermont <input type="checkbox"/> Vermont Technical College </div> <div> <input type="checkbox"/> Johnson State College <input type="checkbox"/> Lyndon State College <input type="checkbox"/> University of Vermont </div> </div>	

I am requesting a waiver for: ☐ Full-time or ☒ Part-time attendance Total # of Credits: _____

For part-time attendance, the courses I am requesting a waiver for are:

Course # _____	Course Name: _____
_____	_____
_____	_____

DEPENDENT WAIVER INFORMATION

THIS SECTION MUST BE UPDATED COMPLETELY TO PROCESS DEPENDENT WAIVER REQUESTS

Student Name:		Student ID:	
Relationship to Employee:	<input type="checkbox"/> Dependent child <input type="checkbox"/> Spouse <input type="checkbox"/> Partner of a civil union <input type="checkbox"/> Civil union partner's dependent child	Birth Date:	Age:

DEPENDENT CHILD INFORMATION

THIS SECTION MUST BE UPDATED COMPLETELY TO PROCESS DEPENDENT WAIVER REQUESTS

Student's Marital Status:	<input type="checkbox"/> Married or Separated <input type="checkbox"/> Unmarried or Divorced	Filing Status for Latest Tax Year:	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> None filed	Percent Support Provided by Employee:
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For University of Vermont Waiver Requests Only, Year Child First Entered UVM:

CERTIFICATION

I certify that all information provided on this form is true and correct. I understand that the information may be verified and supporting information may be necessary to establish eligibility for tuition waivers. Additionally, I understand that I will be required to submit an updated form each semester for each person on whose behalf I request a tuition waiver.

Employee Signature:	Date:
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APPROVAL

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewer:	Date:
Comments if denied:		

cc: Business Office, Registrar's Office, Financial Aid Office, Employee

Dependency Tests for VSC Tuition Waivers

Each of the following five tests must be met to claim dependency status for the VSC Tuition Remission Benefit. For additional requirements related to University of Vermont tuition waivers, please refer to the appropriate contract for your Bargaining Unit or the VSC Personnel Handbook.

RELATIONSHIP TEST

The child is related to you in one of the following ways:

- * Your child
- * Your stepchild
- * Your legally adopted child
- * Your legal ward

Because relationships established by marriage are not ended by divorce, your stepchild of a previous relationship continues to be your stepchild for the purposes of VSC Tuition Remission until the child's parent remarries.

AGE TEST

The child is age 24 or less at the end of calendar year in which the benefit is executed.

CITIZEN OR RESIDENT TEST

The child is a U.S. citizen or resident.

JOINT RETURN TEST

If married, the child did not file a joint return with his or her spouse for the most recent Federal filing.

Exception: If a joint return was filed by the prospective student and his or her spouse to claim a full refund of all taxes paid and no tax liability would exist for either spouse on separate returns, the prospective student meets this test. However, if a tax liability exists for the couple, or either spouse, this test is not met and the prospective student is not considered a dependent for the purposes of VSC Tuition Remission. A tax liability is any amount of tax paid to the state or federal government, not returned to the taxpayer in the form of a refund.

SUPPORT TEST

Generally, you must provide more than half of the prospective student's total support during the calendar year to meet the support test. However, there are special rules that apply in the following two situations:

- A) Two or more persons provide support, but no one person provides more than half of a person's total support
- B) The person supported is the child of divorced or separated parents.

In situations in which two or more persons provide support to the individual, or individual is a child of divorced or separated parents, you must contribute more than \$600 annually in support of the individual to meet this test.