

Date \_\_\_\_\_

Use this form if you are the **Dependent Child** of  
an employee or retiree of The Johns Hopkins University  
Tuition Remission Benefit Application

Academic Term

**INSTRUCTIONS:** Complete and submit this form to the Johns Hopkins University Registrar's Office of the academic division offering the course you have selected. **Forms to be applied for the current calendar year must be received on or before December 15. Forms received after this date will not be accepted.** One form is required for each course. The applicant is responsible for reading the description of the Tuition Remission Plan which is offered here, and to provide accurate information.

Name of Dependent Child \_\_\_\_\_

Birthdate of Dependent Child \_\_\_\_\_

JHU Employee Name \_\_\_\_\_

Employee SS # \_\_\_\_\_

Emp Telephone # \_\_\_\_\_

Emp JHED ID \_\_\_\_\_

Employment Date \_\_\_\_\_

Dept Code \_\_\_\_\_

**ELIGIBILITY:** Full-time Johns Hopkins University faculty and staff, and their spouses and dependent children qualify for Tuition Remission after the employee completes 120 days of full-time employment at the university. To be considered a "dependent child", the child must: 1) be a US citizen, resident alien or a resident of Canada or Mexico; 2) not file a joint return if married unless the return is filed only to claim a refund of tax when neither spouse is required to file, and no tax liability would exist for either spouse if separate returns were filed; 3) be a blood descendent of the first degree, legally adopted or a stepchild; 4) have the same principal residence as the employee for more than half the year excluding temporary absences such as residing on campus (special rules may apply to children of divorced or separated parents); 5) be under 19 years old or, if between the ages of 19 and 23, be a full-time student; and 6) not provide over one-half of his or her own support for the calendar year. Domestic partners and their dependent children may also participate in the Plan. However, any benefit provided for an employee's domestic partner or the dependent children of that domestic partner will be taxed. The university will withhold these taxes from the employee's paycheck. **Visiting Faculty and Staff, Residents, Interns and Postdoctoral Fellows are not eligible for Tuition Remission.**

**PAYMENT ALLOWANCES:** Payment allowances are for part-time study. Courses must be offered through the continuing education unit of one of the university's academic divisions, or CTY. Courses offered by individual departments or outside Johns Hopkins University are not eligible. The plan covers both credit and non-credit courses. The maximum Tuition Remission available to faculty, staff and retirees (including Tuition Remission for spouses, domestic partners and dependent children) for credit courses is the value of part-time study not to exceed \$5,250 in a calendar year. Tuition Remission does not cover tuition costs for courses not completed (withdrawn from or dropped).

**COURSE INFORMATION:**

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Course Cost: \_\_\_\_\_

Course Type:

Course Offered:

**AGREEMENT:** I hereby certify that I have read the entirety of this form explaining the Tuition Remission policy. I understand that my parent, the Johns Hopkins University full-time employee, needs to be in a benefits eligible status for 120 days and continue in that status to retain eligibility. I certify that the employee named above is my parent and believe that he/she meets the eligibility criteria. I further certify that all the information that I have provided herein is accurate.

Dependent Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE APPROVAL:** I approve the use of Tuition Remission for my dependent child and agree to pay the value of studies taken beyond the dollar limits provided by this benefit. I agree to track and limit my family's spending to \$5,250 for credit courses in a calendar year, and within that amount, limit my dependents' spending to \$2,625. I agree to be responsible for any tuition remission received in error if my child proves to be ineligible to receive this benefit.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this application is for the dependent child of a retiree, the application must be approved with signature by the divisional Human Resources Office or the Benefits Service Center confirming the employee's retirement status before the child can participate in the program.

HR Approval for Retirees: \_\_\_\_\_ Date: \_\_\_\_\_

FOR COMPLETION BY JOHNS HOPKINS UNIVERSITY DIVISIONAL BUSINESS OFFICES

Total Tuition	Authorized Signature:
Remission Remitted	Date:
Student Amount Due	(DBO: Return to the Office of Benefits Services)