

Date _____

Academic Term _____

**Tuition Remission Benefit Application
Spouse/Domestic Partner of Johns
Hopkins University Faculty, Staff or
Retirees Only**

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 for providing accurate information.

Spouse's Name _____

JHU Employee Name _____

Telephone # _____

JHED ID _____

Soc. Security # _____

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. Domestic partners and their dependent children may also participate in the Plan. However, any benefit provided for an employee's domestic partner or their dependent children will be taxed. The university will withhold these taxes from the employee's paycheck. Retirees, their spouses and dependent children are also eligible for Tuition Remission for Johns Hopkins courses.

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, CTY, the Berman Institute or the Institute for Clinical and Translational Research. The plan covers both credit and non-credit courses. The maximum Tuition Remission available to employees (including all eligible members of the family) 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**not to exceed \$5,250 in a calendar year.** Tuition Remission does not cover tuition costs for courses not completed (withdrawn from or dropped).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 spouse/domestic partner, 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 spouse/domestic partner and believe that he/she meets the eligibility criteria. I further certify that all the information that I have provided herein is accurate.

Spouse/Domestic Partner Signature: _____ **Date:** _____

EMPLOYEE APPROVAL: I approve the use of Tuition Remission for my spouse/domestic partner 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 spouse / domestic partner proves to be ineligible to receive this benefit.

Employee's Signature: _____ **Date:** _____

If this application is for 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 retiree can participate in the program.

HR Approval for Spouse/Domestic Partner of Retiree: _____ **Date:** _____

FOR COMPLETION BY JOHNS HOPKINS UNIVERSITY DIVISIONAL BUSINESS OFFICES

Total Tuition:	Authorized Signature:
Remission Remitted:	Date:
Student Amount Due:	<i>DBO: Return to the Office of Benefits Services</i>