# Boonshoft School of Medicine

# Approval for Tuition and Fee Remission Authorization

Instructions: Print this form. Complete Sections 1, 2, and 3 and return to Faculty and Clinical Affairs, Wright State Physicians, 725 University Boulevard, fax 245-7955 or 245-7956. Approval requires a minimum of one working day. Form will be forwarded to Bursar’s Office.

**1 Faculty Information**

Faculty name (please print) Social Security Number Phone number

## Home Address

(print or type)

**Employment**

[ ] DCH [ ] KMC [ ] VAMC [ ] WSP

[ ] GSH [ ] MVH [ ] WPAFB [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_

**2 Student (Dependent) Information**

|  |
| --- |
| Dependent Name UID Relationship |

**SOM tuition and fee remission is for 8 credit hours only.**

🞎 Fall 🞎 Spring 20

The benefits derived from this program will be considered taxable compensation, according to IRS regulations. A 1099-MISC will be issued to the institutional faculty who use this program.

**3 Faculty Verification**

I hereby certify that the above information for fee remission is for myself, my spouse, my son, my stepson, my daughter, my stepdaughter, or other (as indicated above) and that the individual(s) listed is/are eligible to be claimed as a deduction on my federal tax return. I understand that this tuition and fee remission is subject to later audit and verification and that if not verified for required employee and dependency status, I will be billed for tuition and fee costs.

Faculty Signature Date

## 4 SOM Approval: 18 or 21

Fee remission exemption code Original date of appointment % FTE on 1st day of classes

Faculty status verified by Date SOM Fiscal Affairs approval