

Boonshoft School of Medicine
Approval for Tuition and Fee Remission Authorization

Instructions: Print this form. Complete Sections 1, 2, 3 and 4 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 [] MVH [] WPAFB [] Other _____

2 Student (Dependent) Information

The spouse or any children and step-children considered tax dependents for federal income tax purposes, 24 or younger, are eligible. The Master's degree is the highest degree that can be obtained using this benefit.

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 Registration Information

List Courses you have registered for:

Course #	Credits	Undergraduate	Graduate

4 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