

APPLICATION FOR CLARKSON GRADUATE COLLEGE TUITION BENEFITS

(Dependent Children, Spouses & Domestic Partners)

CERTIFICATE PROGRAM COURSES ARE NOT ELIGIBLE FOR THIS BENEFIT AND FOR NON-MATRICULATED STUDENTS, ONLY TWO (2) COURSES MAY BE TAKEN IN EDUCATION AND ONLY THREE (3) COURSES MAY BE TAKEN IN OTHER DISCIPLINES

Name of Applicant: _____

Relationship to Employee: _____ Dependent _____ Spouse _____ Domestic Partner

Name of Employee: _____ ID# _____

Employee's Department: _____ Full Time: ___ Yes ___ No

COURSE INFORMATION

Course Name (ie. MATH 101): Attach Course Description

_____	Tuition \$ _____
_____	Tuition \$ _____
_____	Tuition \$ _____

Term: Summer Fall Winter Spring Year: 20_____

TAXABILITY

Benefits under this Plan are fully taxable to the eligible employee whose dependent child, spouse, or domestic partner receives benefits under this plan. The College shall include the value of benefits provided under this Plan in the eligible employee's W-2 for the current year in which the benefit is provided, and all benefits are subject to applicable withholding requirements.

CERTIFICATION

By signing below, I acknowledge my understanding of the Union College – Union Graduate College Educational Assistance Plan for Dependent Children, Spouse, and Domestic Partners.

Employee Signature	Applicant Signature	Date
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APPROVAL

Taxable Amount \$ _____

Assistant Director of Financial Services	Date
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