



APPLICATION FOR TUITION ASSISTANCE
STAFF — JOB-RELATED AUDIT

Year: _____

Semester: _____
(Select Appropriate Semester)

Return via email to uschr@usc.edu

Employee Name _____
USC ID Number _____
Social Security Number _____
Job Title _____
School / Department _____
Campus Telephone Number _____
Email Address _____
NOTICE: Tuition Assistance for non-job-related graduate courses in excess of \$5250 per calendar year is taxable income to you. If you are enrolled in a graduate course, complete the Graduate Coursework Certification.

COURSE INFORMATION:
Table with 4 columns: Course Number, G/UG, Course Title, Units

SUPERVISOR'S CERTIFICATION:
The course listed above is work-related and required to enhance current job skills as documented in my attached letter, and this staff employee has my approval to enroll in this course.
Supervisor's Signature _____ Email Address _____ Phone _____ Date _____

APPROVAL OF THE DEPARTMENT IN WHICH THE COURSE IS OFFERED
The department affirms that the course listed above is regularly-offered and student-oriented.
Registration as a Limited Status Student AND AUDIT
[] Approved [] Approved (no funds disbursed)
Signature of Authorized Signer for Dept/School _____ Email Address _____ Phone _____ Date _____

I have read the current Tuition Assistance Benefit policy, and I am eligible to take one course for audit per semester or summer term.
I am responsible for immediate payment to the University of any prorated amount of tuition assistance if a post-registration audit reveals that I changed my employment status during the semester(s) in which I received tuition assistance, tuition assistance has been applied to any ineligible tuition or fees, or the maximum allowed units of tuition assistance has been exceeded. The first and last day of classes in any semester/session is defined by the University's academic calendar. This includes fall, spring and summer semesters/sessions. The academic calendar may be found at the following link: http://www.usc.edu/academics/calendar/.
I certify the aforementioned is true and correct. I accept the terms and conditions of my use of the benefit. I understand misuse or misrepresentation may result in denial of tuition assistance.
Staff Employee's Signature _____ Date _____

FOR OFFICE USE ONLY
UPC BENEFITS ADMINISTRATION
[] Eligibility [] TAB Input [] Tax Form Forwarded _____ Date _____
Benefits Administration _____ Date _____