



APPLICATION FOR TUITION ASSISTANCE
ROTC / HEBREW UNION EMPLOYEE

Year: _____

Semester: _____

Return via email to uschr@usc.edu

Employee Name _____
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: Degree Program: _____
Table with 4 columns: Course Number, G/UG, Course Title, Units

DEPARTMENT / SCHOOL APPROVAL
Hebrew Union Authorized Signer's Printed Name _____ Signature _____ Date _____ Phone _____
PPD Authorized Signer's Printed Name _____ Signature _____ Date _____ Phone _____

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) or summer term in which I received tuition assistance or tuition assistance has been applied to any ineligible tuition or fees. I am responsible for securing my supervisor's approval if any course for which I am registered meets during my scheduled workday.
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 Signature _____ Date _____

FOR OFFICE USE ONLY
BENEFITS ADMINISTRATION
Benefits Administrator Signature _____ Date _____