TUITION ASSISTANCE for EMPLOYEES
Waiver / Reimbursement application form

DALHOUSIE UNIVERSITY
Inspiring Minds

Complete sections 1, 2 and 3 below and submit one form per course, term by term, to Human Resources (room 21, Henry Hicks building). For **WAIVER**, please submit 1 to 4 weeks prior to course start. For **REIMBURSEMENT**, submit upon successful completion along with copies of final grades and itemized invoices (indicating tuition portion separately from other charges). For more information, consult your employee handbook or collective agreement, see the tuition assistance section of the HR website, or call 494-1122 or 1115.

Section 1 – Employee information (*to be completed by applicant*)

Name (Last, First): ID#: **B00**
Position:
Department/Faculty:
Contact information: (Dal e-mail) (Office ph.)

I have reviewed the tuition assistance policy (web and collective agreement or handbook) and agree to follow and be bound by the provisions thereof and all other applicable regulations of the University.

Applicant signature: _____ Date: _____ SIGN HERE

Section 2 – Course and program information (*to be completed by applicant*)

Course name (in full):

a) ◯ **WAIVER**

◯ i. **CREDIT** (Dal courses offered through Registrar's Office)
Course #: # of credit hours: (*see academic timetable*)
Term starting (*check one*): ☐ Sept ☐ Jan ☐ May Year:

or

◯ ii. **NON-CREDIT** (selected computer/other non-credit courses through Cont Ed)
Course date(s):

OR

b) ◯ **REIMBURSEMENT** (external courses/programs)
Program name:
Institution:

Section 3 – Job-relatedness verification and supervisory approval (*to be signed by supervisor*)

This course/program is (*check one, for income tax purposes*): ◯ job-related [1] or ◯ not job-related [2]

1) To satisfy the Canada Revenue Agency's requirement for job-relatedness, the course or degree program must be related to the **actual duties** that the employee performs.
2) If the course or program is not job-related, time taken for classes during regular working hours should be made up at times suitable to meet the requirements of the department. This arrangement is to be agreed upon in advance at the discretion of the supervisor.

Supervisor's name (Last, First): _____
Supervisor's signature: _____ Date: _____ SIGN HERE

Section 4 – Human Resources verification and approval (*to be completed by HR*)

Employee group: _____ Account #: _____ - 6390 ___ Taxable or ___ Non-taxable
HR authorization (print name): _____
HR authorization (signature): _____ Date: _____
Student Accounts/other authorization: _____ Date: _____

Once approved, HR will forward form to appropriate office (Student Accounts, Fin Services or Cont Ed) and notify applicant.