



EMPLOYEE TUITION WAIVER AND REGISTRATION FORM

GUIDELINES

ELIGIBILITY: The Employee Tuition Waiver Program is available to all full-time faculty and full-time classified staff. Eligible employees may elect to take one course each semester and two courses in the summer. The course(s) may not exceed 4 credit hours. Course-related fees or charges other than (or in addition to) tuition are **not** subject to the waiver.

ATTENDANCE: Class attendance is on the employee's own time. Employees may be required to use annual leave for time away from work. This decision should be made at the time that departmental approval is granted.

DOMICILE (In State Tuition Privileges): Regardless of the tuition waiver, employees who are eligible for in-state tuition must file an *Application for Virginia In-State Tuition Privileges*. This application must be filed no later than the first day of classes of the semester in which the employee will be enrolled. Failure to submit this application means that the tuition waiver will be calculated at the out-of-state tuition rate. If the waiver falls into the category of employer provided educational assistance, tax liabilities may be significantly higher.

INSTRUCTIONS

Per § 23-2.2:1 of the Code of Virginia and the regulations thereunder, every institution of higher education located in Virginia is required to provide to the State Police the name, address, and other directory information of each student who enrolls with the institution. The intent of this law is to ensure compliance with the requirement under Virginia law for certain individuals to register with local law enforcement.

The College of William and Mary is required under federal law to request your taxpayer identification number, which for most enrolling students is a social security number. Federal law requires us to provide to the Internal Revenue Service certain information about all enrolled students, including a taxpayer identification number.

1. Complete *Section A - Employee Information and Section B- Course Information*.
2. Complete an *Application for VA In State Tuition Privileges* if you believe you are entitled to in-state tuition.
3. Obtain supervisor or department head approval in *Section C - Departmental Approval*.
4. Obtain approval from the Department of Human Resources in *Section D-Human Resource Certification of Eligibility*.
5. Auditing students must also obtain the instructor's signature.
(Grades for courses that are audited will become part of the student's permanent academic record and will appear on the William and Mary transcript. The instructor will assign a grade of "O" for a successful audit and a grade of "U" for an unsuccessful audit. Grading requirements are determined by the individual instructor. Students who stop attending and fail to withdraw officially, will receive a grade of "U".)
6. Submit the COMPLETED form to the Office of the University Registrar, Blow Hall, Room 108.
 - Degree-seeking students should register during the appropriate registration period and then submit this form to the Office of the University Registrar, no later than the last day of the add/drop period for the semester that the tuition waiver is requested.
 - Graduate courses require approval from the appropriate school or program. Please complete the applicable graduate permission form.
 - **Employees who have NOT been admitted to a degree program are considered unclassified students and should submit this form to the Office of the University Registrar during the unclassified student registration period only.** Earlier registration will not be permitted.
7. **This form must be submitted to the Office of the University Registrar no later than the last day of the add/drop period for the semester that the tuition waiver is requested.**

SECTION A

EMPLOYEE INFORMATION

Name		Banner/Student ID No.		
Address		City	State	Zip
(Area Code)	Phone Number	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ mm/dd/yyyy	
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen (List Country of Citizenship/Visa status) _____				
Ethnic Background:(Optional)				
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> White (non-Hispanic)				
Department: _____		Office Phone: _____		E-mail: _____

I hereby certify that the information I have provided is true and complete to the best of my knowledge, and I agree to abide by the student regulation and the Honor Code of the College of William and Mary while I am enrolled.

Employee Signature _____

SECTION B**COURSE INFORMATION**

****Permission to audit should only be granted after degree-seeking students have been registered*

Course Level: Undergraduate Graduate (permission form required)

Semester: Fall Spring Summer Year: _____

Course ID (<i>ex. BIOL 203 01</i>)	CRN	Credit Hrs.	Class Day(s) & Time(s)	Audit	Instructor's Name	Instructor's Signature (Required for auditors and courses with Instructor permission ONLY)	Override Closed Class? Y or N**
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			

***This box MUST be marked (Y) for registration into a closed course (maximum capacity reached). Permission to register for the course and/or audit does NOT automatically grant permission to enter a class that has reached its enrollment maximum.

SECTION C**DEPARTMENTAL APPROVAL**

Departmental approval for the employee to enroll in the course listed above is granted via the employee's supervisor or the department head. Special restrictions for employees who will attend class during normal working hours must be determined by the employee and supervisor and stated below.

Supervisor's Printed Name _____ Office Phone _____

Departmental Approval _____ Date: _____
Signature of supervisor or department head

Restrictions: _____

SECTION D**HUMAN RESOURCE CERTIFICATION OF ELIGIBILITY**

A representative from the Office of Human Resources must sign this section to certify the employee is eligible for the Tuition Waiver Program.

Name and Title of Human Resources Representative _____

Signature: _____ Date: _____

*****OFFICE USE ONLY*****

Processed by: *Initials* _____ *Date* _____

Domicile Application Received: YES NO Copy to Bursar for Tuition Waiver : *Initials* _____ *Date* _____

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Section B - Parent, Legal Guardian, or Spouse

This section must be completed by the applicant's parent, legal guardian or spouse, who during the last tax year claimed the applicant as a dependent, or for the twelve months immediately preceding the first day of classes has provided more than half of the applicant's financial support.

Name of Applicant: _____ Social Security # (optional): _____
 Providing SS# helps us match this form to the student record

- 1) Name of Parent Legal Guardian Spouse _____
- 2) Marital Status _____ 3) How long have you lived in Virginia? ___ Year(s) _____ Month(s)
- 4) Citizenship - U.S. U.S. Permanent Resident Non-U.S. Please specify Visa Type _____ Exp. Date _____ (Please provide copy of I-94)
- 5) Where have you lived (in the sense of physical presence) during the last two years? (List current address first.)

Street Address	City	State	Zip Code	From	To
_____	_____	_____	_____	_____	Current

- 6) Employment information (for at least one year prior to the date for which in-state tuition rates are sought): *If not employed, or if retired, please indicate.*

Employer	City	State	Zip Code	From	To	Full-Time/Part-Time
_____	_____	_____	_____	_____	Current	_____

- | | Yes | No |
|--|-----------------------|-----------------------|
| 7) In the last tax year did you file a state return to any state other than Virginia? <i>If yes, please explain</i> | <input type="radio"/> | <input type="radio"/> |
| 8) Will you have claimed the applicant as a dependent on your federal and Virginia income tax return for the tax year prior to the term in which the applicant will enroll? <i>If no, please explain</i> | <input type="radio"/> | <input type="radio"/> |
| 9) Will you have provided more than half of the applicant's financial support for at least twelve months prior to the term in which the applicant will enroll? <i>If no, please explain</i> | <input type="radio"/> | <input type="radio"/> |
| 10) For at least one year immediately prior to the term in which the applicant is claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? <i>If no, please explain</i> | <input type="radio"/> | <input type="radio"/> |
| 11) Are you a registered voter in Virginia? | <input type="radio"/> | <input type="radio"/> |
| Date registered _____ Original _____ Re-registered _____ | | |
| <i>If no</i> , are you registered in: | | |
| Another state _____ Not registered _____ | | |
| 12) Do you hold a valid Virginia driver's license?..... | <input type="radio"/> | <input type="radio"/> |
| Date issued _____ Original _____ Renewal _____ | | |
| <i>If no</i> , do you hold a license in: | | |
| Another state _____ Not Licensed _____ | | |
| 13) Did you own or operate a motor vehicle registered in Virginia during the last year? | <input type="radio"/> | <input type="radio"/> |
| <i>If no</i> , is it registered in: | | |
| Another state _____ Did NOT own or operate a motor vehicle _____ | | |

- | | Yes | No |
|---|-----------------------|-----------------------|
| 14) Are you or your spouse an active duty member of the US. armed forces? | <input type="radio"/> | <input type="radio"/> |
| <i>If No</i> , continue to Question 15. | | |
| <i>If yes</i> , check - Self _____ Spouse _____ and answer the following: | | |
| a.) Are Virginia income taxes paid on all military income? ... | <input type="radio"/> | <input type="radio"/> |
| <i>If yes</i> , as of what date? _____ | | |
| Where were you stationed on that date? _____ | | |
| <i>Please submit a copy of the most recent Leave and Earnings Statement.</i> | | |
| b.) Are you or your active-duty spouse assigned to a Permanent Duty Station in Virginia? | <input type="radio"/> | <input type="radio"/> |
| <i>If yes</i> , as of what date? _____ | | |
| Where are you stationed? _____ | | |
| <i>Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing the applicant's relationship to the military member.</i> | | |
| 15) Answer this question only if you <i>live outside</i> Virginia but <i>work in</i> Virginia: | | |
| Will you have lived outside Virginia, been employed in Virginia, earned at least \$10,300, and paid Virginia income taxes on all taxable income earned in this Commonwealth and claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant is claiming in-state status? | <input type="radio"/> | <input type="radio"/> |
| <i>If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.</i> | | |

I certify that the information I have provided is true.

Signature of Parent, Legal Guardian, or Spouse

Date