



## Application for Tuition Remission Benefits

Complete one application for each student in each term for which you are applying for either RISD or external tuition remission benefits. Contact [benefits@risd.edu](mailto:benefits@risd.edu) with any questions.

Employee Information	
Name:	Hire Date:
Job Title:	Best Method of Contact ( <i>preferred phone and/or email</i> ):
Student Information	
Name:	Date of Birth:
Is this an initial application or a renewal application? Initial      Renewal	Will the student be enrolled full-time in a two or four-year undergraduate degree program this term?      Yes      No
Year of Study:      First Year      Sophomore      Junior      Senior      Other:	
Academic Year:	Term of Study:      Fall      Spring      Other:
Student's School ID:	Student's Relationship to You:
School Information	
School Name:      RISD      RISD/Brown Dual Degree      Other:	
This school's academic calendar is based on: Semesters      Trimesters      Quarters	The date classes begin for this term of study:

### Signature and Certification

By signing this application, I certify the following:

1. The information listed on this application is complete and accurate, and the student receiving tuition benefits is my legal and tax dependent as defined by the Internal Revenue Service (IRS).
2. My student is enrolled in a two-year or four-year undergraduate degree program at an accredited college or university and is taking enough course credits to be considered full-time for the term for which I am applying for benefits, or has received prior approval to attend part-time due to a disability or chronic health condition.
3. Any change in my student's enrollment status will be reported immediately to the Benefits Department at [benefits@risd.edu](mailto:benefits@risd.edu) or (401) 454-6606.
4. I understand that tuition remission benefits become taxable starting in the calendar year my student turns 24.

**Applications for External Remitted Tuition must be attached with an itemized tuition invoice to your Supplier Invoice Request in Workday. Applications for RISD Remitted Tuition may be sent directly to [benefits@risd.edu](mailto:benefits@risd.edu).**

\_\_\_\_\_  
Employee Signature (required)

\_\_\_\_\_  
Date

## Guía de traducción al español - Solicitud para Beneficios de Exención de Matrícula

Complete una solicitud por cada estudiante en cada período académico para el cual esté solicitando beneficios de exención de matrícula de RISD o externa. Si tiene preguntas, comuníquese con [benefits@risd.edu](mailto:benefits@risd.edu).

Employee Information: Información del empleado	
Name	Nombre
Hire Date	Fecha de contratación
Job Title	Título del puesto
Best Method of Contact <i>(preferred phone and/or email)</i>	Mejor método de contacto <i>(teléfono preferido y/o correo electrónico)</i>

Student Information: Información del estudiante	
Name	Nombre
Date of Birth	Fecha de Nacimiento
Is this an initial application or a renewal application?	¿Esta es una solicitud inicial o una solicitud de renovación?
Will the student be enrolled full-time in a two or four-year undergraduate degree program this term?	¿El estudiante estará inscrito a tiempo completo en un programa de licenciatura de dos o cuatro años durante este período académico?
Academic Year	Año académico
Term of Study - Fall - Spring - Other	Período académico - Otoño - Primavera - Otro
Student's School ID	ID escolar del estudiante
Student's Relationship to you	Relación del estudiante con usted

School Information: Información de la institución educativa	
School Name - RISD - RISD Brown Dual Degree - Other	Nombre de la institución - RISD - Programa de doble titulación RISD/Brown - Otra
This school's academic calendar is based on - Semesters - Trimesters - Quarters	El calendario académico de esta institución se basa en - Semestres - Trimestres - Cuatrimestres
The date classes begin for this term of study	Fecha en que comienzan las clases para este período académico

Signature and Certification: Firma y certificación	
By signing this application, I certify the following:	Al firmar esta solicitud, certifico lo siguiente:
1. The information listed on this application is complete and accurate, and the student receiving tuition benefits is my legal and tax dependent as defined by the Internal Revenue Service (IRS).	1. La información indicada en esta solicitud está completa y es correcta, y el estudiante que recibe los beneficios de matrícula es mi dependiente legal y fiscal según lo define el Servicio de Impuestos Internos (IRS).
2. My student is enrolled in a two-year or four-year undergraduate degree program at an accredited college or university and is taking enough course credits to be considered full-time for the term for which I am applying for benefits, or has received prior approval to attend part-time due to a disability or chronic health condition.	2. Mi estudiante está inscrito en un programa de licenciatura de dos o cuatro años en una universidad o institución acreditada y está tomando suficientes créditos para ser considerado estudiante a tiempo completo durante el período para el cual solicito los beneficios, o ha recibido aprobación previa para asistir a tiempo parcial debido a una discapacidad o condición de salud crónica.
3. Any change in my student's enrollment status will be reported immediately to the Benefits Department at <b>benefits@risd.edu</b> or (401) 454-6606.	3. Cualquier cambio en el estado de inscripción de mi estudiante será informado inmediatamente al Departamento de Beneficios a <b>benefits@risd.edu</b> o al (401) 454-6606.
4. I understand that tuition remission benefits become taxable starting in the calendar year my student turns 24.	4. Entiendo que los beneficios de exención de matrícula se vuelven imposables a partir del año calendario en que mi estudiante cumple 24 años.

Las solicitudes para exención de matrícula externa deben adjuntarse junto con una factura detallada de matrícula a su Solicitud de Factura de Proveedor en Workday. Las solicitudes para exención de matrícula de RISD pueden enviarse directamente a **benefits@risd.edu**.