



## 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?<br>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:<br>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