



Application for Tuition Remission Benefits

Complete one application for each student in each term for which you are applying for external tuition remission benefits and each year for which you are applying for RISD tuition remission benefits.

Contact 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 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.

Employee Signature (required)

Date