



Office of Human Resources – Benefits
MCW Graduate School Tuition Course Approval / Authorization Form

A full or partial tuition benefit may be available pursuant to Policy # HR.BN.130 to full time and full Professional Effort Faculty, Instructors, Post Doctoral Fellows and full time exempt and non-exempt Staff. Approval must be obtained to complete the registration process.

This benefit is for Tuition ONLY. The maximum pre-tax benefit is determined by Section 127 of the Internal Revenue Code and will be offset by the Staff Tuition Reimbursement Policy for exempt and non-exempt Staff.

\*FORM MUST BE SUBMITTED PRIOR TO COMPLETION OF REGISTRATION\*

Section 1 Course Approval

(Please Print)

Name:
Employee ID Number:
Home Address:

Department:
Title:
Employee Status (circle): Full Time or Full Professional Effort
Name of Degree (if applicable):

Course Number and Title:
Number of Credits/Cost of course:
Dates of Course: from to
Time of Day: from to

Course Number and Title:
Number of Credits/Cost of course:
Dates of Course: from to
Time of Day: from to

Course Number and Title:
Number of Credits/Cost of course:
Dates of Course: from to
Time of Day: from to

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Dates of Course: from to
Time of Day: from to

Course Number and Title:
Number of Credits/Cost of course:
Dates of Course: from to
Time of Day: from to

Course Number and Title:
Number of Credits/Cost of course:
Dates of Course: from to
Time of Day: from to

Check this box if you are a National Research Service Award (NRSA) Recipient

Employee Signature Date

Printed Employee Name

\*Supervisor Signature Date

Printed Supervisor Name

Approved for Departmental Funds

Amount Paid by Department \$

Charge Account:

Table with 6 columns: Cost Center, Natural Acct, Fund, Activity, Project (if applicable), Project Period within Course date(s)?

Not Approved To Be Paid By Department

\*Chairman/Administrator Date

Printed Chairman/Administrator Name

Department Chairman/Administrator please route to the Office of the Registrar acadreg@mcw.edu.

MCW Graduate School Verification Date

Printed MCW Graduate School Verifier Name

Keep a copy for your records. Form will be processed and a copy returned to you as soon as administratively possible.

**Section 2 Office of Human Resources/Benefits Approval**

**Staff Tuition (Policy HR.BN.100)**

Approved (subject to reimbursement caps)

Amount Approved: \_\_\_\_\_

\_\_\_\_\_  
Benefits Representative Signature

\_\_\_\_\_  
Benefits Manager Signature

**Tax Determination:**

***Not Taxable through MCW***

\_\_\_\_\_  
Payroll/Tax Specialist Signature

**MCW Graduate School Benefit (Policy # HR.BN.140)**

Amount Approved: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

***Taxable Amount*** \$ \_\_\_\_\_

(If the taxable amount is \$500 or less, the taxation will occur on one payroll: \_\_\_\_\_)

(Monthly Paid) Taxed on the following payrolls:

\_\_\_\_\_

(Semi-Monthly Paid) Taxed on the following payrolls:

\_\_\_\_\_

Taxable Benefit each payroll: \$ \_\_\_\_\_

\_\_\_\_\_  
Date