



**Certification Form**

**Application deadline: census date of term.**

**Section I: Employee Information**

\_\_\_\_\_  
 Employee Name: Last First MI Employee ID No.

\_\_\_\_\_  
 Job Title Daytime Phone Date Employed at LIT Full Time Employee  Yes  No

**Section II: Enrollment and Spouse/Dependent Information**

\_\_\_\_\_  
 Spouse/Dependent Name: Last First MI Student ID No.

\_\_\_\_\_  
 Daytime Phone # Email Address

Relationship:  Spouse  Dependent Child

Term/Year:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  Mini-Session \_\_\_\_\_

Pursuing Degree:  Yes  No Degree Program \_\_\_\_\_

**Section III: Employee Certification:**

- ✓ I understand that LITTAP benefits are applied before any other University scholarships or other funds.
- ✓ I understand that LITTAP does not include payment of fees.
- ✓ If I am requesting undergraduate tuition assistance for a dependent child, I certify that he/she meets the IRS support test and qualifies as my dependent.
- ✓ I understand that approval of this application is contingent upon my spouse or dependent child being admitted to LIT.
- ✓ I claimed the dependent child listed above as a dependent on my most recent Federal income tax return, and I anticipate claiming this child as a dependent on my Federal income tax return for the time period that is covered by the term for which tuition benefits are requested. **(I will provide a copy of my 2009 Federal Tax Return as evidence of dependency status for this assistance program.)**
- ✓ If requesting tuition assistance for my spouse, I understand that I must have filed and will file jointly or married filing separately Federal income tax returns for the time period that is covered by the term for which tuition benefits are requested.
- ✓ If requesting tuition assistance for an eligible spouse and/or dependent(s), I agree to provide the Office of Human Resources a copy of page one (with financial information removed) of my most recent Form 1040 U.S. Individual Income Tax Return.
- ✓ I have read and understand the provisions of the Tuition Assistance Program for Spouses and Dependents as stated in Human Resources Policy 5.11.

**Section IV: Departmental Certification:**

This statement certifies that the above mentioned student (Section II) is currently enrolled as a student in the \_\_\_\_\_ department with all hours of enrollment qualifying as part of the \_\_\_\_\_ (degree) \_\_\_\_\_ (certificate) program.

\_\_\_\_\_  
 Program Coordinator Date -OR- \_\_\_\_\_  
 Department Chair Date

\_\_\_\_\_  
 Employee Signature Date \_\_\_\_\_  
 Spouse/Dependent Signature Date

\_\_\_\_\_  
 Verified by Human Resources Date \_\_\_\_\_  
 Verified by Financial Aid Date