



**2026-2027 Tuition Remission
Application**

Application and Eligibility Certification: (Please print clearly)

Employee Information	
First Name: _____	Employee ID Number (on paycheck): _____
Middle Initial: _____	Email Address: _____
Last Name: _____	Daytime Phone Number: _____
Student Information	
First Name: _____	Student WIN (required): _____
Middle Initial: _____	Student Date of Birth (required): _____
Last Name: _____	
I am requesting tuition remission for the following semesters in the Student Financial Aid year:	
<input type="checkbox"/> Summer II 2026 <input type="checkbox"/> Fall 2026 <input type="checkbox"/> Spring 2027 <input type="checkbox"/> Summer I 2027	
Student's relationship to employee, applicable definition, and taxability. Please select one.	
<input type="checkbox"/> Spouse (Non-taxable Benefit). I certify that the above-named student is my current spouse for the purpose of my federal income tax and will be so reported for the period of time for which tuition remission is requested.	
<input type="checkbox"/> Dependent (Non-taxable Benefit). I certify that the above-named student qualifies as a dependent child for the purpose of my federal income tax and will be so reported for the period of time for which tuition remission is requested.	
<input type="checkbox"/> Dependent of Divorced Spouse (Non-taxable Benefit). I certify that the above-named student is my child and qualifies as a dependent child of my former spouse for the purpose of federal income tax and will be so reported for the period of time for which tuition remission is requested.	
<input type="checkbox"/> Dependent-Special Request (Taxable Benefit). I certify that the above-named student is my child and does not qualify as a dependent for the purpose of federal income tax. The student meets the following special circumstance(s) (check all that apply).	
<input type="checkbox"/> The dependent lives in my household. Proof of residency required—please attach employee and dependent tax returns for the immediately preceding year OR a copy of the dependent's valid driver's license.	
<input type="checkbox"/> The dependent is eligible to be covered on my health insurance. I understand that the value of the tuition remission benefit under special request is taxable to me and that applicable payroll taxes on this value will be deducted from my paycheck.	
<input type="checkbox"/> Designated Eligible Individual (Taxable Benefit). I designate the above individual to receive tuition remission under the Designated Eligible Individual (DEI) program. I understand that for the benefit to be received, all requirements of the DEI program must be met, as outlined in the DEI enrollment form, which I must also complete and submit to Human Resources. I further understand that the value of the tuition remission benefit under the DEI program is taxable to me and that applicable payroll taxes on this value will be deducted from my paycheck.	

Policy: Western shall remit seventy-five percent (75%) of tuition and required fees (e.g. student assessment fee and sustainability fee) for attempted undergraduate courses at the University by the spouse, dependent child, or designated eligible individual of an employee, provided all eligibility requirements are met.

Employee Eligibility: The employee must have full-time benefits eligibility and be on the active payroll or on an approved leave of absence by the final day of registration for the semester or session for which tuition remission is requested.

Student Eligibility: The student must meet all University admission requirements and maintain Satisfactory Academic Progress. Eligibility will not exceed 183 credit hours. Visit the Student Financial Aid web site for more information at: <http://www.wmich.edu/finaid/pdf/non-year/sap.pdf>.

Exclusions: Remission does not apply to tuition for graduate or audited courses, nor to miscellaneous fees. If the student receives any WMU or external award that is limited to paying tuition and required fees, remission will only cover up to the remaining tuition and required fees.

Eligibility will be determined for the semester or session as specified in this application. Annual application to the program is required. An eligible dependent who began the remission program prior to the death or permanent disability of the employee will have up to four years of continuing eligibility after the event separating the employee from the University, under the current terms and conditions of the program.

I understand that if the above information is not accurate or if I do not promptly notify Human Resources of any change in status or eligibility, I am liable for the remitted portion of tuition and fees. If I become liable for the remitted portion, I agree, immediately upon the request of the University, to authorize deduction of the total amount that I owe from my pay in accordance with the law.

Employee Signature: _____ Date: _____

Send application to HR via:

Email:
hr-hris@wmich.edu

Fax
269-387-3441

Campus Mail
Human Resources, MS 5217

Mailing Address:
Human Resources
Western Michigan University
1903 W. Michigan Ave
Kalamazoo, MI 49008-5217

HR use only: DOH _____ Benefits Eligible _____

Verified _____ Sent to SFA _____

Retain file copy.