

Active eligible faculty and staff may apply online via workday.osu.edu. Select “Benefits” then “Change Benefits” to find “Dependent Tuition Assistance Enrollment” from the drop down menu. Refer to the Dependent Tuition Assistance Plan at hr.osu.edu/benefits/dependent-tuition-assistance. A separate form must be completed each term for each dependent. The student must have a Social Security number on file with their university student record. To add a Social Security number, use the **change of record form** on the Registrar’s **website**. Following processing of this application, a tuition credit will appear on the student’s statement of account before the term begins, unless the maximum benefit has been used.

SECTION 1: PERSONAL INFORMATION

Employment Status (please check only one option): Active Retired/Returned Deceased

Employee’s Full Name: First M.I. Last OSU Employee ID# (required)

Daytime Phone Number Email Address

SECTION 2: DEPENDENT INFORMATION

Application must be submitted by the first Friday of the new term (DTA application deadline calendar available at hr.osu.edu/benefits/dependent-tuition-assistance). **Submission is required each term.**

I am enrolling my dependent for the following term: _____ (Ex. Autumn ’21). Separate applications required for each term.

Dependent’s Full Name: First M.I. Last Date of Birth

Social Security Number (required) OSU student ID# (8-9 digits)

Dependent’s Relationship to Employee (Please check only one option below — based on eligibility requirements defined in the Dependent Tuition Plan document:

Spouse¹ Dependent child

¹Proceed to Section 3 if this application is for a spouse.

Employee and Spouse’s Dependent: Complete if the dependent is your or your spouse’s natural born child, adopted child or foster child of at least five years.

Is the dependent child eligible to be claimed as a dependent on the employee’s Federal Form 1040

U.S. Individual Income Tax Return for the calendar year for which tuition assistance is requested? yes no

SECTION 3: CERTIFICATION

I provide this information to be used by the university for the sole purpose of determining the eligibility of the above dependent for tuition assistance. This information will be used solely for the administration of these benefits and filed within the Office of Human Resources. I understand that availability of these benefits is based on eligibility requirements and subject to any future changes in plan provisions.

I certify that my signature serves as confirmation that I the eligibility criteria outlined in the Dependent Tuition Assistance Plan (hr.osu.edu/benefits/dependent-tuition-assistance) have been met.

I have read and understand the Dependent Tuition Assistance Plan (hr.osu.edu/benefits/dependent-tuition-assistance). I am aware that tuition assistance for graduate-level and professional-level fees are currently subject to taxation.

Under penalties of perjury, I declare that the above information is true, correct and complete. I acknowledge responsibility to pay the full amount of tuition assistance in the event that neither myself nor my dependent are eligible for tuition assistance.

Employee’s Signature

Date

For additional information or to submit your form electronically, contact HR Connection at hrconnection.osu.edu, (614)247-myHR (6947) or HRConnection@osu.edu. Representatives are available Monday-Friday, 8 a.m. – 5 p.m.

If you print a hard copy, return completed form to:
The Ohio State University, Office of Human Resources, Benefits Processing,
1590 North High Street, Suite 300, Columbus, OH 43201-2190, or fax to: **614-292-7813**.