

Faculty & Staff Tuition Assistance Application

Refer to the Faculty & Staf Tuition Assistance Plan at hr.osu.edu/benefts/tuition-assistance/faculty-staff for plan details. Following processing of this application, a tuition credit will appear on the student's statement of account before the term begins.

| CECTION 1. DEDCOMAL INFORMATION | | | |
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| SECTION 1: PERSONAL INFORMATION | | | |
| Employee's Full Name: First | M.I. | Last | OSU Employee ID# (required) |
| Daytime Phone Number | Email A | ddress | |
| SECTION 2: ENROLLMENT INFORMATION | ١ | | |
| Application must be submitted by thhr.osu.edu/benefits/tuition-assista | | • | ew term (application deadline calendar available at ubmission is required each term. |
| l am enrolling for the following ter | m: | | (Ex. Autumn '23). Separate applications required for each term. |
| SECTION 3: CERTIFICATION | | | |
| have had the opportunity to review tuition assistance at hr.osu.edu/ben | | State Univ | ersity benefit plan documents, programs, and policies regarding |
| certify that the information I have p | provided in t | his applic | ation process is complete and correct. |
| | | | an intentional misrepresentation of a material fact or fraud , retroactively) and/or disciplinary action up to and including |
| l understand and agree that implem with plan terms and IRS rules and, i | | | ons may be contingent on the university's approval of consistency on of supporting documentation. |
| | | | of tuition assistance in the event I am not eligible under /benefits/tuition-assistance/faculty-staff. |
| understand and agree that if tuition assistance is taxable under IRS rules, I am responsible for the tax liability. | | | |
| l acknowledge that availability of be to all of the terms of Educational As | | | n terms and subject to future changes. By enrolling, I am agreeing |
| 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.