Refer to the Non-Employee Tuition Assistance Program at [hr.osu.edu/benefits/tuition-assistance/non-employee](http://hr.osu.edu/benefits/tuition-assistance/non-employee). Following processing of this application, a tuition credit will appear on the student’s statement of account before the term begins.

**SECTION 1: PERSONAL INFORMATION**

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

Daytime Phone Number Email Address

**SECTION 2: ENROLLMENT INFORMATION**

Application must be submitted by the first Friday of the new term (application deadline calendar available at [hr.osu.edu/benefits/tuition-assistance/non-employee](http://hr.osu.edu/benefits/tuition-assistance/non-employee)). Submission is required each term.

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

**SECTION 3: CERTIFICATION**

I have had the opportunity to review The Ohio State University benefit plan documents, programs, and policies regarding tuition assistance at [hr.osu.edu/benefits](http://hr.osu.edu/benefits).

I understand that falsification of enrollment information, an intentional misrepresentation of a material fact or fraud may subject me to termination of benefits (in some cases, retroactively).

I understand and agree that implementation of my elections may be contingent on the university’s approval of consistency with plan terms and IRS rules and, if requested, submission of supporting documentation.

I have read and understand the Non-Employee Tuition Assistance Plan ([hr.osu.edu/wp-content/uploads/tuition-assistance-non-employee.pdf](http://hr.osu.edu/wp-content/uploads/tuition-assistance-non-employee.pdf)). I am aware that Non-Employee tuition is currently subject to taxation. Under penalties of perjury, I declare the above information is true, correct and complete. I acknowledge responsibility to pay the full amount of tuition assistance in the event that I am not eligible under Educational Assistance Plan and guidelines at [hr.osu.edu/benefits/tuition-assistance/non-employee](http://hr.osu.edu/benefits/tuition-assistance/non-employee).

I acknowledge that availability of benefits is based on plan terms and subject to future changes. By enrolling, I am agreeing to all of the terms of Educational Assistance Plan.

_________________________________________________________  _______________________________________________________
Employee’s Signature  Date

For additional information contact HR Connection at [hrconnection.osu.edu](http://hrconnection.osu.edu), (614)247-myHR (6947) or [HRConnection@osu.edu](mailto:HRConnection@osu.edu). Representatives are available Monday-Friday, 8 a.m. – 5 p.m.

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.