## DEPENDENT TUITION REIMBURSEMENT REQUEST

I am requesting tuition reimbursement4.25% for my child's undergraduateigher education expenses in accordanceth the HR Policy 7.3 on Dependent suition Programs at Other Schools. Thexpenses must be for the current demicyear only. Claimsnust be submitted within 90 days of the end of the covent academic year. I certify that the followicriteria have been met:

- x I have been employed in a regular, benefilistible position at Seattle University for at least one year;
- x My child is a qualifying dependent according to IRS regulations;

x My child attends an accredited institution of higher education other than Seattl University.	Э
Dependent's Name:	
College/University Name:	
Tuition Cost (minus fees, charges, room and board, etc.):	
Calculation – Please complete below. You must attach a copy of the paid tuition bill i order to be reimbursed	า
SIGNATURE: DATE:	
PRINT NAME:	
(03/2<((, ,':	

Processed through Payroll

Benefits Office (verify calculation)