



## TUITION REDUCTION NOTIFICATION FORM

Benefit eligible employees should submit this form with a copy of the participating school's itemized tuition bill to:

Employee Services: Tel (203) 432-5552 Fax (203) 432-5153 Email: employee.services@yale.edu  
221 Whitney Avenue, 1st Floor, New Haven, CT 06520

Applicant:  Employee (complete section 1 only)  
 Spouse (complete sections 1 & 2)

### SECTION 1: Employee Information

Name: \_\_\_\_\_ Employee I.D. \_\_\_\_\_  
Address: \_\_\_\_\_ Term & Date: \_\_\_\_\_  
\_\_\_\_\_ Employment Date: \_\_\_\_\_  
\_\_\_\_\_ Department: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Percent Full Time: \_\_\_\_\_

### SECTION 2: Legal Spouse Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

I agree that the employee in Section 1 is my legal spouse as defined in Yale University's Benefits policies:

\_\_\_\_\_  
Applicant Signature

### SECTION 3: Participating School Information

School Name: \_\_\_\_\_

School COA (office use only): \_\_\_\_\_

\*Participating schools (Yale Undergraduate, Yale College Summer Programs, Eli Whitney Students Program, or Yale Graduate School of Arts & Sciences) can amend participation in the tuition reduction program at any time. Participating school should bill the reduction amount to their assigned COA.

### Reduction Equation

$$\boxed{\$} \times \boxed{50\%} \times \boxed{\%} = \boxed{\$}$$

Tuition Amount      X      Reduction      X      % full/part time      =      Reduction Amount

### Tuition Reduction Statement

This form certifies that \_\_\_\_\_ is eligible for tuition reduction amount of \$\_\_\_\_\_ to be deducted from their Statement of Tuition Fees. **The participating school is responsible for the reduction amount which should be billed to the participating school's COA.**

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Date

Submit approved form to Bursar's Office