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: ___________________________ Term & Date: _______________________
Address: ___________________________ 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

$ ___________________________ X 50 % X ___________________________ = $ ___________________________
Tuition Amount Reduction % 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.

__________________________________ Date
Approval

Submit approved form to Bursar's Office