



APPLICATION FORM FOR TUITION REMISSION BENEFITS

☐ Initial Application

☐ Renewal Application

Eligible employees whose dependent child(ren) will attend RISD must complete this form before each academic year and return it to the Office of Human Resources as soon as reasonably possible. A separate form must be submitted for each child attending.

Employee Information:

Name _____ Date of Hire: _____

Job Title: _____ Department _____

Student Information:

Name _____ Date of Birth: _____

Date of Admission: ☐ Fall Semester Year _____
☐ Spring Semester Year _____

Level of Study:

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Architecture (5 year)

Relationship to Employee: ☐ Dependent Child ☐ Stepchild ☐ Foster Child

I certify that the information listed on this application is complete and accurate and that the student receiving this benefit is my legal dependent in accordance with IRS regulations. I also certify that any change in dependent status for the student listed above will be reported immediately to the Human Resources Department.

Employee Signature (required)

Date