



TUITION REDUCTION NOTIFICATION FORM

Is the Applicant an: **Employee:** _____ (complete section 1 only)

Spouse/Partner of an employee: _____ (complete Sections 1 & 2)

Section 1: Employee Information

Name _____ Last Four of Soc. Sec. No. _____

Address _____ Term & Date _____

_____ Employment Date _____

_____ Department _____

Telephone _____ Percent Full Time _____

Section 2: Legal Spouse or Same-Sex Civil Union Partner Information

Name: _____

Address: _____ Telephone : _____

I agree that the employee in Section 1 is my legal spouse or Same Sex Civil Union Partner as defined in Yale University's Benefits policies: _____

Applicant Signature

Reduction Equation

\$ X X = \$

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

Tuition Reduction Statement

This form certifies that _____ is eligible for Reduced Tuition of \$ _____ to be deducted from the amount billed of him/her on the Statement of Tuition Fees dated _____.

Compensation & Benefits Planning

Date

For Office Use Only:

Date received: _____ Benefit Level: _____ Job Cat _____ Hire Date: _____
Full/Part Time Status: _____ Date sent to Admissions: _____

rev: 10/11