

**Hamilton College**

**Request for Tuition Benefit for Spouse/Partner**

Name of Employee: \_\_\_\_\_

Name of Dependent: \_\_\_\_\_

Dependent's Relationship to Employee: \_\_\_\_\_

Term for which benefits are sought: \_\_\_\_\_

\_\_\_\_\_ Full-time      \_\_\_\_\_ Part-time (*indicate number of courses*) \_\_\_\_\_

*Employee's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Notes: A new request must be submitted for each term of study.  
The value of benefits provided to domestic partners will be taxable to the employee  
unless a certification of tax dependency is on file in Human Resources.*

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***To be completed by Human Resources***

Employee's eligibility confirmed. \_\_\_\_\_% of tuition to be waived.

*Signed* \_\_\_\_\_ *Date:* \_\_\_\_\_

cc: Financial Aid Office