

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.*

To be completed by Human Resources

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

Signed _____ *Date:* _____

cc: Financial Aid Office