

**FAIRMONT STATE UNIVERSITY
and
PIERPONT COMMUNITY AND TECHNICAL COLLEGE**

Faculty and Staff Graduate Tuition Waiver Program

Graduate Waiver Taxation Form

To complete the form, double-click in the first blank space, enter your information, then TAB to the next area. If a drop-down menu opens, select your choice, then TAB to the next area. When complete, print the form and sign below where indicated, then submit this form *with* the waiver application form to the Office of Graduate Studies.

1. Last Name: _____ First Name: _____ Middle: _____
 2. ID Number: _____
 3. Employment Unit: _____
 4. Admitted to the _____ Graduate Program
 5. Requesting _____ Credit Hours (*Maximum 6*)
 6. Requesting waiver for the _____ 20____ semester
 7. Registered for _____ Total Credit Hours for the _____ 20____ semester
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I certify that:

- 1) I am a benefits-eligible employee and have been admitted to graduate study at FSU. (Non-degree seeking graduate students also qualify.)
- 2) I understand the tuition waiver I will be awarded is a taxable benefit, the value will be calculated at the resident or non-resident rate according to my residency status as determined by the Office of Admissions & Records, and the value will appear on my W-2 form.
- 3) I further understand the value of the waiver will be based on the number of hours **awarded** to me. And even if I drop the course(s) I have registered for, I will be taxed for a percentage of the value as established by the Office of Admissions & Records, and possibly full value if I drop my course(s) after the established refund period. I will notify (**in writing**) the Office of Graduate Studies of any course(s) I drop **prior to the first day of classes** so that course(s) value will not be taxed.

Signature of Employee
