

For Tuition Waiver/Exchange Program Dependent Child Certification Form

This form is used only to verify eligible dependents. For purposes of this policy, dependent children refers to unmarried children, stepchildren and legally adopted children of the employee or domestic partner. (A Domestic Partner Certification Form must be on file with Human Resources.) Dependent children must remain qualified dependents during their entire course of study. This form should be submitted each time a Tuition Waiver/Exchange Form is submitted.

In accordance with Millikin University's Educational Assistance Policy, I hereby certify that the student named below is:

(Please check all that apply)

My unmarried, biological child, stepchild, legally adopted child or a child for which I am a legal guardian and that resides with me (employee)

The unmarried, son, daughter, stepchild, or legally adopted child **of my domestic partner** and resides with me (employee). (A Domestic Partner Certification Form must be on file with Human Resources.)

My unmarried son, daughter, stepchild, legally adopted child or a child for which I am a legal guardian, but who does not reside with me, however:

I provide over 50% of the child's living expenses, and/or

I am responsible for educational expenses by virtue of a domestic relations order.

Student Information

Student's Name: _____

Student's Date of Birth: _____

Academic Term: _____

Academic Year: _____

CERTIFICATION:

I confirm that the above named dependent meets the eligibility requirements listed above, and if they should become ineligible, I MUST contact Human Resources immediately. Upon request, I agree to provide a copy of the most recent federal tax return, or, if applicable, a copy of the domestic relations order verifying the dependent status of the student. By signing below, I attest that all information provided is accurate, that I understand the dependent eligibility requirements, and that I have read the Educational Assistance Policy.

Employee Signature

Date

HUMAN RESOURCES USE ONLY

The Dependent named in this request meets the Dependent requirements for the Tuition Waiver/Exchange Program.

Signed _____

Date _____

Authorized Human Resources Official