

In accordance with the Northeastern University Tuition Waiver policy, I hereby certify that the student named below is:

- ☐ My unmarried son, daughter, stepchild, or legally adopted child and **this student was claimed as a dependent on my most recent federal tax return.**
- ☐ The unmarried son, daughter, stepchild, or legally adopted child of my same sex spousal equivalent and **this student was claimed as a dependent on the most recent federal tax return of my same sex spousal equivalent.**
- ☐ My unmarried son, daughter, stepchild, or legally adopted child who otherwise meets the definition of dependent, but who is not listed as a dependent on my most recent federal tax return due to a domestic relations order.

**Dependent children must remain a dependent during their entire course of study.**

**Upon request, I agree to provide to HRM/Benefits a copy of the federal tax return verifying the dependent status of this student, or, if applicable, a copy of the domestic relations order verifying the dependent status of the student.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### Student Information

Academic term: \_\_\_\_\_  
(Fall, Winter, Spring, Summer1, or Summer2)

Academic Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's NUID: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's NUID: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Mailstop: \_\_\_\_\_

Campus Extension: \_\_\_\_\_

Mail completed Dependent Certification Form and Tuition Waiver Form to *Human Resources Management, 250 Columbus Place* or fax to *617-373-7610*. If additional information is needed you will be notified in writing.