

*This form is used only for eligible dependents. Dependent children refers to unmarried sons, daughters, stepchildren and legally adopted children of the employee or domestic partner claimed as dependents on the most recent federal tax return. (A Domestic Partner Certification Form must be on file with Human Resources Management (HRM)). Dependent children must remain as dependents during their entire course of study. This form should be submitted each time a Tuition Waiver Form is submitted.*

*In accordance with the Northeastern University Tuition Waiver Program Guidelines, 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 domestic partner and **this student was claimed as a dependent on the most recent federal tax return of my domestic partner.** A Domestic Partner Certification Form must be on file with Human Resources Management (HRM)
- ☐ 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 as dependents during their entire course of study. Once a dependent reaches age 24, you will be required to submit a copy of your most recent federal tax return verifying the dependent status of this student each time a Tuition Waiver Form is submitted.**

*Upon request, I agree to provide a copy of the most federal tax return verifying the dependent status of this student to HRM (Benefits), or, if applicable, a copy of the domestic relations order verifying the dependent status of the student. I also certify that I have read the Tuition Waiver Program Guidelines.*

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

\_\_\_\_\_  
Date

### Student Information

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

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

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

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

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

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

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

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

Phone Number: \_\_\_\_\_

Forms will be reviewed for completeness and eligibility. You will be notified if any additional information is needed. Mail completed Dependent Certification Form and Tuition Waiver Form to **Human Resources Management, 250 Columbus Place** or fax to **617-373-7610**. All waivers must be received by HRM within 30 days of the course start date.