



### Tuition Exemption Benefit Form—Post-Doctoral Fellows and Others

This form needs to be approved and completed by HR Benefits. Please scan and email the signed form to [hrbenefits@columbia.edu](mailto:hrbenefits@columbia.edu) or deliver to HR Benefits at 615 West 131st St. 4<sup>th</sup> Floor, New York, NY 10027. HR Benefits will forward the completed and signed form to Student Financial Services.

**STUDENT’S NAME: (PLEASE PRINT)**

\_\_\_\_\_  
LAST FIRST M.I. UNI

SCHOOL

I am eligible for Tuition Exemption based upon my status as (mark one)

Post-Doctoral Fellow  Other \_\_\_\_\_  
(Please specify)

**COURSES FOR WHICH YOU ARE REQUESTING EXEMPTION**

COURSE NUMBER	SECTION	Points

<b>Term</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<b>Year</b> _____
<b>Student Status</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	

I hereby make application for tuition exemption benefit for this the term indicated. Furthermore, I certify that I have read and understand the rules and regulations of the Tuition Exemption policy available at [www.hr.columbia.edu/benefits/tuition](http://www.hr.columbia.edu/benefits/tuition).

\_\_\_\_\_  
Student’s Signature Date

I understand that the tuition exemption benefits may be reported as imputed income. If applicable, I will receive a form 1099-M with the imputed income for the tuition exemption benefits granted by Columbia University to me.

\_\_\_\_\_  
Signature Date

Permission for _____ points  Dept. _____	<p align="center"><b>HR BENEFITS</b></p> HR Benefits Approval: _____ Signature Date
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