

**Berklee****ONLINE COURSE REQUEST FORM – DEPENDENTS**

Send completed form to Office of Human Resources – MS-855-HR

Deadline: Forms must be received 30 days prior to start of course☐ Faculty Full-time☐ Faculty Part-time☐ Staff/Chair

NAME

Faculty/Staff First Name

Faculty/Staff Last Name

Berklee ID

Department

Phone Number

Berklee Email

Dependent's First Name

Dependent's Last Name

Dependent's Relationship to Faculty/Staff:

☐ Spouse☐ Child

TERM

☐ Fall☐ Winter☐ Spring☐ Summer

Term Year (yyyy) _____

COURSES

☐ Graduate Degree*☐ Undergraduate Degree*☐ Non-Degree Credit☐ Non-Credit☐ Certificate Program

Course No.

Course Title

**Must be accepted into program. Please register for your course(s) before completing this form.*

BENEFIT

Choose one: Undergraduate Courses Only☐ Option 1: Tuition Discount

You pay 80% of normal Berklee Online tuition rate along with registration fees. Normal course registration process applies. Seat guaranteed in the class.

☐ Option 2: 100% Tuition Waiver

You enter the course at the beginning of week 2, if space is available. Full tuition waiver.

Graduate Courses Only:☐ 20% Tuition Discount

You pay 80% of normal Berklee Online tuition rate along with registration fees. Normal course registration process applies. Seat guaranteed in the class.

Under federal law, tuition waivers granted for graduate level courses are subject to taxation when the annual (calendar year) waiver amount exceeds \$5,250.

SIGNATURES

*By signing this form, I certify that the above-named student is my legal spouse or unmarried dependent child within the meaning of Federal Income Tax Law.*x _____
Faculty/Staff_____
Datex _____
Berklee Online Registrar_____
Datex _____
Human Resources_____
Date