

# The Texas A&M University System Offices

## Doctoral Program Request Form

To be completed by the employee who is requesting participating and approval in the Doctoral Program Initiative.

Name:	UIN:
Title:	Department:

Under Internal Revenue Code Section 132, an employee may receive tax free doctoral level educational assistance from an employer as a working condition fringe benefit if the education is job related. For example, if the employee had paid for the tuition or fees directly, a deduction would have been allowed under IRC Section 162 or 167.

### IRS Educational Tests:

- 1) Education is needed to maintain or improve skills needed in your present job AND
- 2) Education is needed for full-time faculty in budgeted positions who are admitted into an A&M System doctoral program that is consistent with SACSCOC expectations for their discipline OR
- 3) Education is needed for a full-time professional staff member seeking a doctorate in their current field of work.

Name of the university within The A&M System you are enrolled with for this doctoral program:

Name of the academic program enrolled in:

Which semester this application is being completed for:

I attest that I am currently occupying a full-time, budgeted position and have done so for at least 12 months. My most recent performance review on file is rated at meets expectations or higher.

I hereby certify that graduate tuition and fee waivers provided by the Texas A&M University System for my educational expenses are job related because the course or courses taken will maintain or improve upon skills needed for current employment.

I hereby certify that I understand that only tuition and mandatory fees will be reimbursed. Additional courses outside the approved degree program and other auxiliary activities are non-reimbursable.

I further certify that the course or courses taken are not needed to meet the minimum educational requirements of my present job, nor are they part of a program of study that can qualify me for a new trade or business.

I have read, understand, and agree to all terms and conditions of this form.

### Employee Signature

Signature:

Date:

### Supervisor or Department Head Approval

Signature:

Date:

### Human Resources Review

Signature:

Date:

### Deputy Chancellor and Chief Financial Officer

Signature:

Date:

Completion of the doctoral program does not guarantee promotion and/or different role at System Offices. Please direct questions to [SystemOfficesEmployment@tamus.edu](mailto:SystemOfficesEmployment@tamus.edu).

Application deadline is 3 business days before the start date of the semester.