

University of Wisconsin – Milwaukee
Student Enrollment Verification/FICA Exemption Form

(For Fall or Spring Semester only)

Semester: Fall/Spring
 (Circle one) _____ Year

Student Name (Last, First, Middle Initial)	Student ID Number	Social Security Number
Employing Department	Email	Contact Phone Number

By law, Students are exempt from Social Security and Medicare withholding during the semester provided the student is registered at least half time or greater at the University. The term credit as used here is for purposes of determining Social Security and Medicare tax exemption and is different than credit for your degree. For additional information see the complete policy statement at: <http://www.uwsa.edu/fadmin/gapp/gapp18a.htm>

Registered Student Status	Enrollment Status	Social Security Medicare Tax Deducted
<input type="checkbox"/> UWM Undergraduate Student 1-5 credits	Less than half time	Yes
<input type="checkbox"/> UWM Undergraduate Student 6 or more credits	Half time or more	No
<input type="checkbox"/> UWM Undergraduate or Graduate Student in final semester attending classes solely to meet degree requirements	Deemed to be half time	No
<input type="checkbox"/> UWM Graduate Student Non Dissertator 1-3 credits	Less than half time	Yes
<input type="checkbox"/> UWM Graduate Student Non Dissertator 4 or more credits	Half time or more	No
<input type="checkbox"/> UWM Graduate Student Dissertator 3 or more credits	Half time or more	No
<input type="checkbox"/> UWM F1/J1 Student Visa enrolled in English as a Second Language program	Full time	No
<input type="checkbox"/> Non-UWM Student Registered at: <input type="checkbox"/> Accredited institution of higher learning granting associate degrees or higher <input type="checkbox"/> A technical college <input type="checkbox"/> A vocational or trade school <input type="checkbox"/> A high school Attach verification of enrollment from home institution such as a letter from home institution, copy of current registration and course schedule, current tuition payment receipt or hard copy of on-line verification.	N/A	Yes

I certify that the above information is correct. I agree to notify my employing department(s) if my student status changes or if I withdraw from school. I understand that if I have not paid Social Security and Medicare Withholding and I should have, I will be liable for retroactive contributions. I understand that any Social Security and Medicare Withholding deducted in error will not be refunded.

Date (Mo/Day/Yr)	Student Signature
Date (Mo/Day/Yr)	Supervisor Signature

Supervisor: Send this form and a copy of the current class schedule to the Payroll Office (Engelmann 170) for each student employed during the semester. For non-UWM student status, also send verification documentation from home institution.