

EMPLOYEE AND/OR DEPENDENT TUITION WAIVER FORM

Employee's Name _____ Employee ID # & Position/Title _____

Phone # _____ Email _____

Dependent's Name _____

Dependent's Student ID or SS# _____

Phone # _____ Email _____

Relationship to Employee: (check one)

Self Spouse Unmarried Natural or Adopted Child Unmarried Step-Child Legal Ward

Does the Dependent live with you? Yes No With former Spouse? Yes No

(Dependents must reside in the household of the employee or the employee's former spouse. Exception: step-child must reside in the household of the employee)

Institution to Attend _____ Term/Year _____

Table with 5 rows and 5 columns: Course #, Course Name, Credit Hours, Online (Yes/No), Audit (Yes/No)

I certify that I am familiar with the provisions of the Employee and/or Dependent Tuition Waiver policy and that the person(s) requesting the tuition waiver benefits qualifies as an eligible employee or dependent in accordance with the policy. (See reverse of form for policy and/or processing steps).

Box containing conditions for waiver, signature lines for Employee and Supervisor, and date fields.

Section for Human Resources department completion, including certification levels and certifier information.

Section for college official completion, including GPA certification and certifier information.

Section for President completion, including a certification statement and signature line.

Notes section for additional information.