EMPLOYEE AND/OR DEPENDENT TUITION WAIVER FORM

Employee's Name		Employee ID # &Position/Title					
(please p	rint)	Phone #		Email			
Dependent's Name		Dependent's Student ID or SS#					
		Phone #		Email			
Relationship to Employee: (ch	eck one)	1 11011c II					
Self Spouse U	nmarried Natural or Adopted Child L	Jnmarried Step-Child [Legal Wa	rd			
Does the Dependent live with y				emporary Housing?	Yes	No	
he unmarried child(ren) must resi nmarried child(ren) must reside in ousehold of the employee or retire	de in the household of the employee <u>or</u> retire temporary housing while enrolled in college sugar. Dependent refers to spouse, unmarried child(r	e. The unmarried child(renuch as college dormitories, ren) or a legal ward (minor c	n) must reside apartments, a child placed by	in the household of the and student housing. The	e employee's <u>o</u> unmarried stentis en is a benefits e	o <u>r</u> retiree's forme epchild(ren) mus	st reside in t
Course #	Course Name	Credit H	Hours	Online: Yes		Audit: \square Yes	□No
Course #	Course Name	Credit F		Online: Yes		Audit: Yes	□ No
Course #	Course Name	Cradit I		Online: Yes		Audit: Yes	□ No
Course #	Course Name	Credit F		Online: Yes		Audit: Yes	□ No
Course #	Course Name	Credit F		Online: Yes		Audit: Yes	□ No
-	h the provisions of the Employee and/or I le employee or dependent in accordance v	•		• • •			r
	All fees (other than portion of	tuition waiver) hooks an	nd sunnlies a	re the responsibility of	f the student		
	Maximum of one audit per teri	•	.a sappiles a	re the responsioner, e.	the stadent		
INITIAL BY EACH ITEM	Waiver does not apply to repea						
AND SIGN BELOW	Student must abide by the academic limitations and policies of the attending institution (including any course limitations)						
	Unofficial Transcripts (and curr	·					,
Employee Signature		Da	te	,			
Supervisor (if required)		Da	te				
This section to be completed	by the Human Resources department at th	ne institution of employr	ment.		Data of Emi	nlavaa	
	2/3 Waiver 1/3 Waive waiver for a maximum of 5 years from dat			ate	Date of Emp Retire	ement	
Certifier Name:		Title:			Date:		
Employee's Institution:							
This section to be completed	by the appropriate college official at the ir	nstitution of attendance					
Certification: Student's C	SPA is at least 2.0? Yes			No			
Certifier Name:	Title:		:/Division:		Date:	: <u></u>	
					_		
This section to be completed	by the President at the institution of atten	dance.					
	nation above, I hereby certify that				receive all b	enefits grante	d under
the Employee and Depende	nt Tuition Waiver Program for	hours at the institutio	on of				
President:				Date:			
Notes:							