

EMPLOYEE AND/OR DEPENDENT TUITION WAIVER FORM

Employee's Name _____ (please print) 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 _____

Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> 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).

INITIAL BY EACH ITEM AND SIGN BELOW	_____ All fees (other than portion of tuition waiver), books and supplies are the responsibility of the student
	_____ Maximum of one audit per term
	_____ Waiver does not apply to repeated courses
	_____ Student must abide by the academic limitations and policies of the attending institution (including any course limitations)
	_____ Unofficial Transcripts (and current course schedule) must be attached to this form
It is the responsibility of the employee and/or dependent to ensure that all documents and forms (requested by the college where the student is enrolled) are submitted and signed by the appropriate personnel in a timely manner prior to submission. Any packets deemed as incomplete will cause a delay in the processing of the tuition waiver. Please be sure to check with the college in which you are registered for courses to ensure the packet is complete.	
Employee Signature _____	Date _____

Supervisor (if required) _____ Date _____

This section to be completed by the Human Resources department at the institution of employment.

Certification: Full Waiver _____ 2/3 Waiver _____ 1/3 Waiver _____ Full-time Employment Date _____	Date of Employee Retirement _____
*Dependents are eligible for waiver for a maximum of 5 years from date of employee retirement.	
Certifier Name: _____ Title: _____	Date: _____
Employee's Institution: _____	

This section to be completed by the appropriate college official at the institution of attendance.

Certification: Student's GPA is at least 2.0? Yes _____ No _____
Certifier Name: _____ Title: _____ Dept/Division: _____ Date: _____

This section to be completed by the President at the institution of attendance.

Based on the certified information above, I hereby certify that _____ has been approved to receive all benefits granted under the Employee and Dependent Tuition Waiver Program for _____ hours at the institution of _____
President: _____ Date: _____

Notes: _____