

# Tuition Waiver Application

Employee Name: \_\_\_\_\_

Tuition Exemption is Requested for (name): \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Year and Semester: (Circle one) Fall          Spring          Summer          Year \_\_\_\_\_

Credits by program: Traditional: \_\_\_\_\_ Online: \_\_\_\_\_

Please check appropriate box:

By my signature below I acknowledge that I have read the tuition waiver policy and agree to abide by the terms outlined therein.

As the employee to whom this benefit is extended, by my signature below I acknowledge and agree that both I and the dependent for which this waiver is requested have read the tuition waiver policy and agree to abide by the terms outlined therein.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Application must be submitted to the vice president for Financial & Administrative Services at least 2 weeks prior to the start of the class(es) for which the waiver applies*

\_\_\_\_\_

For Office Use Only:

AMOUNT APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

REASON: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_