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 Temporary Housing? ☐ Yes ☐ No

(The unmarried child(ren) must reside in the household of the employee or retiree. The unmarried child(ren) must reside in the household of the employee's or retiree's former spouse. The unmarried child(ren) must reside in temporary housing while enrolled in college such as college dormitories, apartments, and student housing. The unmarried stepchild(ren) must reside in the household of the employee or retiree. Dependent refers to spouse, unmarried child(ren) or a legal ward (minor child placed by court) when the guardian is a benefits eligible employee or retiree.)

Institution to Attend _____ Term/Year _____

Course #	_____	Course Name	_____	Credit Hours	_____	Online: ☐ Yes	☐ No	Audit: ☐ Yes	☐ No
Course #	_____	Course Name	_____	Credit Hours	_____	Online: ☐ Yes	☐ No	Audit: ☐ Yes	☐ No
Course #	_____	Course Name	_____	Credit Hours	_____	Online: ☐ Yes	☐ No	Audit: ☐ Yes	☐ No
Course #	_____	Course Name	_____	Credit Hours	_____	Online: ☐ Yes	☐ No	Audit: ☐ Yes	☐ No
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).

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: