



EMPLOYEE TUITION WAIVER AUTHORIZATION

Fill out and return to the Human Resources Department with Registration Advisement Form.

APPLICANT INFORMATION (To Be Completed by Student)

STUDENT _____ ID NUMBER _____

Year _____ Fall Semester Spring Semester Summer Semester

Employee Spouse
 Child Other _____

Other _____

MAJOR _____ ACADEMIC DIVISION _____ DEGREE TYPE _____

Are you eligible for financial aid? No Do Not Know Yes
 Have you applied for financial aid? No Yes

DATE _____

Complete information below. Employee taking courses must have supervisory authorization:

COURSES	<input type="checkbox"/> CREDIT	SEM. HRS.	FEES	TUITION
	<input type="checkbox"/> NON-CREDIT			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL		_____	_____	_____

COMPLETE IF APPLICANT IS NOT A COLLEGE EMPLOYEE

Living at Home Married Unmarried Other _____

ADDRESS _____ SIGNATURE _____

CITY _____ STATE _____ ZIP _____ DATE _____

EMPLOYEE INFORMATION (To Be Completed by Employee)

NAME _____ DATE OF HIRE _____ BARGAINING UNIT _____

I understand that if the above-named applicant for a tuition waiver is eligible for financial aid for the referenced semester or term, this tuition waiver becomes invalid. Also, I hereby declare that the courses selected by me will not be held during my work schedule. Further, I certify that all the information contained in this application is true and correct. Should any part of this application be found untrue, I shall be responsible for reimbursing the College through deduction from my pay, which is hereby authorized.

EMPLOYEE SIGNATURE _____ JOB TITLE _____ DATE _____

AUTHORIZED BY

SUPERVISOR _____ TITLE _____ DATE _____

HUMAN RESOURCES DEPARTMENT (and Bursar Use Only)

Tuition Only Tuition and General Fees Other _____

VERIFIED _____ DATE _____ HR APPROVAL _____ DATE _____

BURSAR _____ AMOUNT DUE _____ DATE _____