

EMPLOYEE AND/OR DEPENDENT TUITION WAIVER FORM

Employee's Name _____ 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 _____

Please attach to this document, a copy of the schedule with tuition and fees.

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 State Board of Education Policy 612.02 and that the person(s) requesting the tuition waiver benefits qualifies as an eligible employee or dependent in accordance with Policy 612.02 guidelines (see reverse of form for policy and/or processing steps).

INITIAL BY	_____ All fees (other than portion of tuition waiver), books and supplies are the responsibility of the student
EACH ITEM	_____ Maximum of one audit per term
AND SIGN	_____ Waiver does not apply to repeated courses
BELOW	_____ 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
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <p>Employee Signature Date</p>	

Supervisor (if required) _____

Date _____

Certification: Full Waiver _____ 2/3 Waiver _____ 1/3 Waiver _____ Full-Time Employment Date _____ or Date of Employee Retirement _____ * *Dependents are eligible for Waiver for a maximum of 5 years from date of employee retirement	
_____ Certifier: Name	_____ Date
_____ Department/Division	

Certification: Student's GPA at least 2.0? () Yes () No	
_____ Certifier: Name	_____ Date
_____ Department/Division	

I hereby certify that _____ is an eligible employee at _____ and is eligible to receive all benefits granted under the Employee and Dependent Tuition Waiver Program. _____ President/Vice President/Director	
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INSTITUTION TO ATTEND:

I certify that _____ has been approved to receive a tuition waiver for _____ hours
 (employee/dependent)

at _____
 College or Entity

_____ **President**

_____ **Date**

Routing or Notes:
