



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 _____

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

Employee Signature _____

Date _____

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

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: