

TUITION WAIVER APPLICATION

SECTION A: TO BE COMPLETED BY EMPLOYEE

EMPLOYEE INFORMATION	
Employee Name (Please Print)	
Last _____	First _____
Employee ID Number _____	
Employee Group:	

STUDENT INFORMATION	
Student Name (Please Print)	
Last _____	First _____
Student ID Number _____	
Relationship to Employee (Spouse/Child etc TJ ET Q q 67.	

SECTION B: TO BE COMPLETED BY CHAIR/DIRECTOR OR EQUIVALENT VERIFICATION OF ELIGIBILITY

FOR CURRENT EMPLOYEES

FOR RETIRED or DECEASED EMPLOYEES

- Fulltime Continuing Employee
- Parttime Continuing Employee
- (Timeworked ____%)

I hereby verify that the above named employee meets

