

TUITION WAIVER AUTHORIZATION FOR CHILDREN OR SPOUSE OF FACULTY, LIBRARIAN, EDUCATIONAL SPECIALIST

Please select semester & indicate year

FALL <input type="checkbox"/> YEAR _____	SPRING <input type="checkbox"/> YEAR _____	SUMMER <input type="checkbox"/> YEAR _____	INTERSESSION <input type="checkbox"/> YEAR _____
--	--	--	--

Student Name: _____

Relationship of student to College employee: _____

Student Social Security Number or H#: _____

Name of Faculty/Librarian/Educational Specialist: _____

Number of credit hours requested for waiver: _____

Signatures:

Faculty/Librarian/Educational Specialist

Vice President for Administration and Finance

Date

Date

Application period opens eight (8) weeks before a term and ends one (1) week before a term.