

**TUITION WAIVER REQUEST FORM**

This form must be returned to Human Resources within 31 days of the first day of the course

PLEASE PRINT CLEARLY

<b>Name (Last, First, MI)</b>	<b>Department</b>
<b>SS # or Banner "N" #</b>	<b>University Telephone Number or E-Mail address</b>

Employee Classification:     FT Admin/Staff     FT Faculty     PT Admin/Staff  
     Local 32BJ             Local 169             Local 1205

This course is for:    Self     Spouse     Domestic Partner     Dependent Child

Is this individual enrolled in a degree program?     YES     NO

If yes, check one:    BA     BFA     AAS     MS     MA     PHD

If you checked anyone other than Self, please enter individual's name: \_\_\_\_\_

If you checked Dependent Child, please enter the child's age: \_\_\_\_\_

Dependent SS# or Banner "N" # (if applicable): \_\_\_\_\_

**COURSES**

Course # and Section	# of Credits	Course Start Date	Course Level
		____/____/____	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
		____/____/____	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
		____/____/____	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
		____/____/____	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
<b>TOTAL CREDITS:</b>	_____		

Supervisor's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*To be signed by supervisor only if the course requested meets during normally scheduled work hours

*My signature acknowledges that I read, understand and agree to comply with the Tuition Waiver policy. I understand that upon termination of employment during a semester, I am responsible for the tuition costs, as determined by the Bursar's office.*

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_