

Medaille College

Employee Tuition Waiver Request Application

PLEASE READ THESE IMPORTANT NOTES BEFORE COMPLETING FORM:

- A tuition waiver form, including authorized signatures must be completed for each semester. If the form is not completed according to established deadlines, the student is responsible for 100% liability.
- Waivers for Graduate level courses will be treated as taxable income to the employee.

EMPLOYEE NAME: _____ DEPARTMENT: _____

STUDENT'S NAME: _____

STUDENT'S SOCIAL SECURITY NUMBER: _____

EMPLOYEE: _____ SPOUSE/DOMESTIC PARTNER: _____

DEPENDENT CHILD: _____

SEMESTER APPLIED FOR: _____ YEAR: _____ CREDITS: _____

APPLICATIONS COMPLETED FOR: TAP ____ Month/Year ____ FAFSA ____
Month/Year

I hereby certify that all the information stated above is correct to the best of my knowledge. I further understand that if the required paperwork is not completed I will be 100% liable for all tuition incurred.

Employee Signature

Date

Student Signature

Date

I hereby approve the above tuition waiver application. For employees, I hereby approve the above tuition waiver application after having reviewed and accepted, with or without work schedule accommodations acceptable to me, the impact of the time commitments of his/her proposed course schedule for the term upon his/her job responsibilities.

Vice President

Date

FOR OFFICE USE ONLY

TO BE COMPLETED BY THE HUMAN RESOURCES OFFICE:

EMPLOYMENT STATUS: FT FACULTY _____ ADMINISTRATOR _____
HOURLY _____

EMPLOYMENT DATE: _____ YEARS/MONTHS EMPLOYED _____

MAXIMUM HOURS TO BE WAIVED: _____

HUMAN RESOURCES SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE FINANCIAL AID OFFICE:

OTHER AID RECEIVED _____ TO BE RECEIVED _____ AMOUNT \$ _____

TUITION TO BE WAIVED \$ _____

WAIVER ENTERED BY:

FINANCIAL AID SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE BUSINESS OFFICE:

BUSINESS OFFICE SIGNATURE: _____ DATE: _____