TUITION WAIVER AUTHORIZATION FOR CHILDREN OR SPOUSE OF DEPARTMENT CHAIRPERSON

Please select semester & indicate year

FALL ☐ YEAR _____	**SPRING** ☐ YEAR _____	**SUMMER** ☐ YEAR _____	**INTERSESSION** ☐ YEAR _____

Student Name: _____

Relationship of student to College employee: _____

Student Social Security Number or H#: _____

Name of Department Chairperson: _____

Number of credit hours requested for waiver: _____

Signatures:

_____ _____

Department Chairperson | 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.

5/15/2017