

# TUITION WAIVER AUTHORIZATION FOR CHILDREN OR SPOUSE OF NON-TEACHING PROFESSIONALS – (Bargaining Unit)

---

Please select semester & indicate year

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

Student Name: \_\_\_\_\_

Relationship of student to College employee: \_\_\_\_\_

Student Social Security Number or H#: \_\_\_\_\_

Name of Non-Teaching Professional: \_\_\_\_\_

Number of credit hours requested for waiver: \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Non-Teaching Professional – Bargaining Unit

\_\_\_\_\_  
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.