



Date:

Employee Spouse and Dependent Tuition Waiver

Name:

Department:

Employee ID:

Classification:

Student Information

Name:

Date of Birth:

ID Number:

Relationship:

Spouse

Dependent

Course Information

Level: Undergraduate

Graduate

Credit Hours:

Session:

Taken for:

Credit

Audit

Resident Status:

This request along with verification documentation must be submitted and approved by the Office of Human Resources. Accepted documents include: birth certificate, marriage license, retirement beneficiary form, or proof of dependency from your health insurance. Deadline is the end of the 2nd week of classes for the session in which the discount is being requested.

Spouse/dependents are responsible for registering for classes through the regular admission/ registration procedures. This discount does not apply to fees. Dependent is defined in VCSU policy Tuition Discount-Spouse and Dependents 700.

I certify that I have read and understand the tuition waiver policies as listed above in checklist of eligibility. I authorize the release of any information, pertinent to decide eligibility for this request, to Employee Services, Registrar's Office, and Student Account Services. In the case of a family member tuition waiver request, I authorize release of information, pertinent to this request, to the employee.

Student Signature: _____

Date: _____

I understand that this discount will be approved only if I have no past due accounts receivable balances.

Employee Signature: _____

Date: _____

Please submit hard copy to: Employee Services Office:
McFarland 211
(701) 845-7401

The above employee's spouse/dependent is authorized to receive a 50% discount of tuition

Human Resources Signature: _____

Date: _____

Business Office Signature: _____

Date: _____