



HR____
 Registration____
 Student Accounts____
 Financial Aid____

Jenzabar #_____

Employee Tuition Discount Form
Human Resources

Employee Name _____ Years of Service _____

Dependent Name _____ Relationship _____

The following waiver and/or discount applies to the above named student for **Fall/Spring 20__** (circle one):

- Part-time staff and Non-Core faculty (50% FTE) and Academic-Year Staff:
One (1) class per semester free of tuition (maximum of three (3) credits).
- Regular full-time staff and faculty teaching full-time:
Up to two (2) classes per semester free of tuition (maximum of six (6) credits).
- Dependent of part-time (50% FTE) and Academic Year staff employee:

First up to third anniversary	25% discount	<input type="checkbox"/>
Third anniversary and thereafter	50% discount	<input type="checkbox"/>
- Dependent of full-time employee:

First up to third anniversary	25% discount	<input type="checkbox"/>
Third anniversary and thereafter	100% discount	<input type="checkbox"/>

Approved: _____
Human Resources Representative *Date*

Registrar's Office

Attached is a copy of the student's statement indicating the courses for which the student has registered and the applicable charges.

of Credits \$ _____

of Audited Credits \$ _____

Approved: _____
Registration and Records Office Representative *Date*

Student Accounts Office

Tuition: \$ _____ Lab Fee: \$ _____

Input By: _____
Student Accounts Representative *Date*

Financial Aid Office – only if Tuition Waiver is for an employee's dependent

Tuition: \$ _____ # of Credits: _____

Input By: _____
Financial Aid Advisor *Date*