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 staff and Adjunct Instructor (50% FTE) and Academic Year staff employee:
First up to third anniversary 25% discount □
Third anniversary and thereafter 50% discount □

□ Dependent of regular full-time staff and all Core and Ranked Adjunct Faculty:
First up to third anniversary 25% discount □
Third anniversary and thereafter 100% discount □

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*