

# TUITION WAIVER REQUEST FORM



<b>FACULTY:</b> <input type="checkbox"/> Complete A, B, and E	<b>STAFF:</b> <input type="checkbox"/> Complete A, C, and E	<b>RETIRED:</b> <input type="checkbox"/> Complete A and E	<b>ADJUNCT:</b> <input type="checkbox"/> Complete A, B, and E (3 credit limit per Academic calendar year; nontransferable)
<b>DEPENDENT(S):</b> <input type="checkbox"/> of eligible <i>faculty, staff, and retirees</i> = Complete A, D, and E			

**A. EMPLOYEE INFORMATION:**

Full Given Name: \_\_\_\_\_ DSU Id #: \_\_\_\_\_  
 Employee's Department: \_\_\_\_\_ Semester: \_\_\_\_\_

**B. FACULTY and ADJUNCT**

**CREDIT HOURS REQUESTED:** \_\_\_\_\_

**C: STAFF EMPLOYEES** Staff may take up to a 4 credit class during the regular work day if working towards a certificate or degree or if required by the supervisor as job training. Exceptions to policy must be justified and approved by supervisor and vice-president. Complete the following information for required classes and obtain supervisor's (and vice-president's) signature(s):

**CREDIT HOURS REQUESTED:** \_\_\_\_\_

CLASS	TIME/DAYS	JUSTIFICATION

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice-President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**D: LEGAL SPOUSE AND/OR LEGAL DEPENDENT STUDENT(S)**

SPOUSE NAME	DSU ID #	CREDITS		
DEPENDENT NAME	DSU ID #	BIRTHDATE	MARRIED? YES OR NO	CREDITS

**E: AUTHORIZED SIGNATURES**

Return form to the Human Resources Department with employee's signature for authorization.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office: \_\_\_\_\_ Date: \_\_\_\_\_