

Dependent Tuition Waiver Program Application

Instructions: Complete this form and present in person to the Office of Human Resources, along with the required proof of familial relationship and dependency, as detailed in the Dependent Tuition Waiver Program Guidelines

Semester Fall 20____ Spring 20____ Summer 20____

Employee Name: _____ Employee ID No: _____

Dependent Name: _____ HCC ID No.: _____ (for currently enrolled students) Date of Birth: _____

I am requesting tuition waiver for the following course(s): Fall 20____ Spring 20____ Summer 20____ (please give end date of Summer class) _____

Course Title _____

Course ID _____

Credits _____ Day(s) _____ Time _____

Is the above course required for your degree program? ___ Yes ___ No

I certify that the information presented in and with this application is accurate and understand that falsification of documentation or representation will result in disciplinary action.

Employee Signature: _____ Date: _____

I understand that by signing this application, I authorize release of information related to my academic progress, financial aid awards, and tuition waiver amounts to the above signed employee.

Spouse/Dependent Child Signature: _____ Date: _____

Office of Finance Use Only

Credits used to Date _____ (maximum 70) Signature: _____ Date: _____

Office of Human Resource Use Only

Eligibility: Yes No (specify): _____ Employee FTE: _____ Tuition Waiver: Granted: Yes No

Authorized By: _____ Date: _____

Office of Admissions, Records and Registration Use Only

Eligible: Yes No (specify): _____ Tuition Waiver Amount: _____ Number of Credits: _____

Authorized By: _____ Date: _____