

CONTINUING EDUCATION TUITION WAIVER APPLICATION FOR DEPENDENTS

Employee Name: _____	Employee ID #: _____
Dependent Name: _____	HCC ID #: _____
Dependents Date of Birth: _____	

Please Check One: Fall 20__ ; Spring 20__ ; Summer20__ (end date of class)_____

I am requesting tuition waiver for the following course(s):

Course Title and Course ID:

1. _____ Day(s) _____ Time _____
2. _____ Day(s) _____ Time _____
3. _____ Day(s) _____ Time _____

NOTE: In the event that I leave the College's employment prior to completing the above listed course(s), I acknowledge that this waiver shall become void and agree to pay all related tuition and fees. (Please note in instances where employees fail to make payment as stipulated above, billing will be referred to a collection agency.)

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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 all educational/financial records to the above signed employee. (Not applicable if dependent is under age 12)

Spouse/Dependent Child Signature: _____ Date: _____

Office of Human Resource Use Only:

Eligibility: Yes No (specify): _____ Employee FTE: _____

Tuition Waiver Granted: Yes No

Tuition Rate Agreement: Yes No

Authorized By: _____ Date: _____

Date sent to ARR _____