

TUITION WAIVER REQUEST

Year _____

- Fall
- Spring
- Summer

➤ Note: Tuition Waiver covers TUITION ONLY. Student is responsible for payment of all other fees by the payment deadline.

➤ Tuition waiver **must** be turned in when paying fees. **NO reimbursements will be made.**

Permanent Employee _____ SID# _____
If the tuition waiver request is for a Spouse, Domestic Partner, or Dependent the Permanent Employee information is also required.

Spouse/Domestic Partner* _____ SID# _____

*For Domestic Partners, You must have the "UA Statement of Financial Interdependence" completed and approved by Personnel to be eligible for an Employee Tuition Waiver.

Dependent _____ SID#: _____ AGE _____

.....Emeritus Status _____ SID# _____

.....Layoff _____ SID# _____

.....Disability* _____ SID# _____
*(Per State retirement system)

Employee Educational Benefits/Criteria

- 1) Permanent employees are eligible to waive tuition only for 6 credits/per semester to a maximum of 12 credits/academic year (Fall to Summer).
- 2) Spouses/Domestic Partners and dependent children (under the age of 24) of benefit-eligible employees will have all tuition waived.
- 3) Tuition waivers do not apply to non-credit courses, self-support courses, and any courses that have fees in lieu of tuition.
- 4) All students, including regular employees taking classes, are responsible for all fees, including mandatory campus fees that are assessed due to enrollment, including, but not limited to, the Student Life Fee, Health Center fee, and General Technology fee.

Courses

Dept.	Subject	Section	Course Number	Title	Days	Hours	Credits

Taxable Tuition: Tuition waived for graduate courses (i.e. 600 level) taken by a University employee, his or her spouse / domestic partner or dependent(s) is taxable to the employee and will be included in the employee's W-2 as taxable income.

Statement of Employment

I certify that I am eligible, under current University policy, for the tuition waiver requested. Dependents must be **under 24 years of age.**

Signature of Employee: _____ Date: _____

Verification of Eligibility

The above named person is eligible for a tuition waiver.
 For a Domestic Partner, I certify "UA Statement of Financial Interdependence" is approved and on file at Personnel.

Dept.: _____ Box # _____

Signature of Dept. Personnel / Payroll Assistant: _____ Date: _____
 Phone: _____

Department Head Approval for Course(s) Taken During Working Hours

 Signature of Dean, Director, or Department Head Date