

DEPENDENT FEE WAIVER FORM FOR A FULL-TIME EMPLOYEE

- SPRING SUMMER I SUMMER II FALL
 WINTERSESSION

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO THE OFFICE OF HUMAN RESOURCES, ROOM 1-106, ADMINISTRATION BUILDING. Courses must be **taken for credit**. Fees cannot be waived for audit classes.

Spouses and children of Faculty and Staff members who are **currently employed full-time**, and who have **completed five years of continuous full-time** employment by the first day of the semester in which enrollment is requested may use the fee waiver for undergraduate instruction only.

DEPENDENT INFORMATION

PLEASE TYPE OR PRINT: Student's Name: _____

 Student's CWID: _____

 Relationship To Employee: Spouse Son Daughter
 Step-son Step-daughter

Does dependent have a bachelor's Degree? Yes No

Is dependent being claimed on employee's tax return? Yes No

EMPLOYEE

| | | |
|---|--------------------------------|--------------|
| Employee's Name (PLEASE PRINT OR TYPE) | Employee's Social Security No. | E-mail |
| Employee's Title/Classification | Dept Name | Work Phone # |

I certify that all statements made on this application are true and complete to the best of my knowledge. I certify that the person for whom a waiver of fees is being requested is either a spouse or child and is eligible as a dependent for federal income tax purposes during the semester for which fees are waived. I will claim the above named student as an eligible dependent for tax purposes during this calendar year, and that I will furnish a copy of my tax return at the request of the University. Should I fail to claim the above student as an eligible dependent for tax purposes, I will reimburse the University for the amount of the fee waiver.

Employee's Signature _____

BUDGET UNIT/DEPARTMENT HEAD

I certify that the above employee has met the requirements for dependent exemption (Presently employed full-time with 5 years full-time continuous service).

Date _____ **Signature of Budget Unit/Department Head** _____

For Office of Human Resources Use Only

This employee has met the service requirements for the fee exemption requested. Faculty Staff Retiree

Date _____ **Office of Human Resources Approving Agent** _____

Student Accounts

| | | | |
|------|--------|-------------|----------|
| Code | Amount | Date Posted | Initials |
|------|--------|-------------|----------|