

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** on 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 ID 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).

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

Student Accounts

Code	Amount	Date Posted	Initials
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