

SOUTHERN UNIVERSITY SYSTEM

| | | | | | | | | |
|--------|--------------|-----|------|------|-------|--------|--|-------------|
| CAMPUS | circle one ▶ | SUS | SUBR | SUNO | SUSLA | SUAREC | | SULC-EXEMPT |
|--------|--------------|-----|------|------|-------|--------|--|-------------|

APPLICATION FOR FULL-TIME EMPLOYEE TUITION WAIVER

| | | | | | | | |
|---|-----------|------------------|-----------------|-----------------|-----|-----------------|--|
| Dependent/Spouse-Student's Name: ▶ | | | | | | | |
| Dependent/Spouse-Student's SSN: | | ▶ | | | | | |
| Mailing Address: | | ▶ | | | | | |
| Home Address, if different: | | ▶ | | | | | |
| Home Phone No. | | | E-Mail Address: | | | | |
| Work Phone No. | | | Other: | | | | |
| Cell Phone No. | | | | | | | |
| Parent/Spouse – EMPLOYEE's Name: | | Hire Date: ▶ | | | | | |
| Work Department: | | | | | | | |
| Work Phone No. | | Campus Location: | | | | | |
| Dependent/Spouse Student's Academic Plan: | | Major: | | Minor: | | | |
| First Date Admitted: | | Pursing: | BA/BS | MA/MS | PhD | (circle answer) | |
| Current Classification: | | Other | Explain: ▶ | | | | |
| Freshman | Sophomore | Junior | Senior | (circle answer) | | | |
| Special | Graduate | Other: | | | | | |
| Explain: ▶ | | | | | | | |

| | | | | | | | |
|-----------------------------|--|------------------------------|-----------------|-------|-------|--|--|
| Hours Completed: | | Expected Date of Graduation: | | | | | |
| Previous Colleges Attended: | | Credit Hours Earned | Degree Received | Field | Years | | |
| | | | | | | | |
| | | | | | | | |

NOTE ·First time applicants **MUST** attach curriculum sheet* from catalog showing ALL courses to be taken in your program of study. ·ALL other applicants **MUST** attach a copy of last grade report.*

| | | | | | |
|--------------------------------|-----|-------------|-------|-------|-------------|
| Course Information (LIST ALL): | | Semester: | | Year: | |
| Title | No. | Credit Hrs. | Title | No. | Credit Hrs. |
| 1) | | | 3) | | |
| 2) | | | 4) | | |

*****EMPLOYEE'S REQUEST & CERTIFICATION*****

- I, By my signature, I _____ certify applicant, _____ SSN: - _____ is my (spouse/dependent).
- I am claiming the above spouse/dependent for IRS tax purposes as defined for a qualified dependent/spouse by IRS Section 152 during the calendar year in which the exemption WAIVER is requested & approved.

- I understand a IRS tax return copy must be provided and should I fail to claim the above spouse/dependent) as an eligible dependent for IRS tax purposes, I may be required to reimburse the University.

| APPLICANTS SIGNATURE | DATE | PARENT/SPOUSE EMPLOYEE SIGNATURE | DATE |
|----------------------|------|----------------------------------|------|
|----------------------|------|----------------------------------|------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|



NOTE: Submit this completed form and REQUIRED ATTACHMENTS* to the Human Resources Office after FEES have been assessed & PAID, along with providing COPIES OF YOUR BILLING STATEMENT(s).

THIS DISCOUNT/WAIVER IS APPLICABLE TO THE COST OF TUITION ONLY !

*****FOR UNIVERSITY'S USE ONLY*****

REVERSE SIDE
APPLICATION FOR SPOUSE/DEPENDENT'S TUITION WAIVER

| | | | |
|---|---|----|----|
| Dependent/Spouse STUDENT's Name: | | ▶ | |
| SSN: | | | |
| (1) | Total FEES Assessed | | \$ |
| (2) | Tuition AMOUNT | \$ | |
| (3) | Less Tuition Discount WAIVER (100% of Line2) | | \$ |
| (4) | FEE AMOUNT TO BE PAID (by Employee) | | \$ |

****CHECKLIST OF THE REQUIRED DOCUMENTS****

| ✓ | (Check ALL as Applicable) | | | | DATE |
|---|--|--|-----------|----------|------|
| | | | | | |
| | (1) Application Complete | | ◀INITIAL | ◀Renewal | |
| | (2) Marriage License | | ◀Received | ◀On File | |
| | (3) IRS (tax for,) Section 152 proof qualify depend. | | ◀Received | ◀On File | |
| | (4) Billing Statement | | ◀Received | ◀On File | |
| | (5) Curriculum Sheet | | ◀Received | ◀On File | |
| | (6) Grades – Prior Semester | | ◀Received | ◀On File | |
| | (7) Social Security Card | | ◀Received | ◀On File | |
| | (8) Driver's License | | ◀Received | ◀On File | |

APPROVED BY:

VERIFIED BY:

| | | | |
|------------------------------|-------------|-------------------|-------------|
| | | | |
| Human Resources Staff | Date | HR Manager | Date |

COPY DISTRIBUTION (Make 4 Copies)

| | | | |
|--|---|-------------------------|--|
| | 1 | CASHIER (GETS ORIGINAL) | |
| | 2 | HUMAN RESOURCES | |
| | 3 | EMPLOYEE/STUDENT | |
| | 4 | FILE | |

Comments: