



**DEPENDENT TUITION WAIVER APPROVAL**

Student Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Relationship to employee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

The above employee dependent intends to register for \_\_\_\_ (#) units for the  
Check one:  Spring  Fall  Winter Summer Session, 20\_\_\_\_ (Year).

Application for Financial Aid: Accepted \_\_\_\_\_  
Declined \_\_\_\_\_

----- *Send this form to Chapter President for CSEA approval* -----

CSEA Approval: \_\_\_\_\_  
CSEA Representative Date

A&R Notified: \_\_\_\_\_ Form sent to A&R: \_\_\_\_\_  
Date Date

Approved: \_\_\_\_\_  
Dean of Enrollment Services Date

Approved: \_\_\_\_\_  
Vice President, Human Resources and Employee Relations Date

Comments:  
\_\_\_\_\_  
\_\_\_\_\_