



Tuition Waiver

ONE FORM IS TO BE COMPLETED BY EMPLOYEE FOR EACH PERSON USING A WAIVER FOR EACH TERM OF ENROLLMENT.

Employee Enrollment (Sections A, B, C & E)

Spouse/Dependent Enrollment (Sections A, B, D & E)

Section A: Employee Data

Last Name: _____ First Name: _____ Middle Name: _____

Employee SAP #: _____ Employee Student ID # _____ Department: _____ Faculty: _____ Staff: _____

Section B: Course(s) for Tuition Waiver Please choose semester and provide required class detail.

_____ Academic Year Fall: _____ Spring/Winter: _____ Summer: _____

List only courses eligible to be waived. Possible three (3) to six (6) credit hours depending on eligibility.

Course Title (Eg: Writing)	Location (Eg: NKU, UK, EKU)	Course #-Section (Eg: ENG 101-001)	Days (Eg: T-Th)	Times (Eg: 6:15-9:00)	Credit Hours (Eg: 3)	Course Level Classification (Eg: UG, G, Law)

Section C: Employee Enrollment Information

- C1 _____ Enrollment in the selected course(s) will not be a scheduled during regular working hours.
- C2 _____ Enrollment in selected course(s) will be scheduled during regular working hours.
(Attach a memo requesting exception to policy stating reasons, adjusted work schedule and VP approval.)

Section D: Spouse/Dependent Enrollment Information

Relationship to employee:
Spouse: _____ Dependent: _____

I certify that my spouse or dependent meet the criteria for eligibility to participate in the tuition waiver benefit as outlined in the Tuition Waiver Policy.
Please initial to verify acceptance. _____

Last name	
First Name	
Middle Name	
Dependent DOB	
Dependent Student ID#	

Section E: Verification of information for this tuition waiver

_____ (initial) I certify that information provided for me, my spouse, and/or eligible dependent(s) on this form is true and accurate. I also certify that I have read and understand the conditions for participation and eligibility and agree to comply with policies, procedures and conditions set forth in the Tuition Waiver Policy (available online at <https://inside.nku.edu/hr/benefits/tuitionWaiver/twpoliciesandprocedures.html>). I acknowledge and agree that graduate level tuition waiver amounts that exceed \$5,250 for the calendar year are subject to taxation from this benefit which will be deducted from my pay with advance notification. Waiver cannot be processed without consent.

Person using this waiver is _____ is not _____ receiving tuition assistance from another source.

NOTE: A residual check will not be issued for any amount exceeding the total sum of tuition and mandatory class fees. No refund will be issued for withdrawing or dropping hours.

Approval Signatures

Date

Employee		
Department Head		
VP (See Section C2)		
Human Resources		
Student Financial Aid		

Updated 11-10-17

Please send completed form to Human Resources for processing.