



**O G L E T H O R P E**  
U N I V E R S I T Y

### Tuition Waiver

All Waivers must be completed and approved prior to each semester in which the employee/dependent plan to enroll.

Full-time employees are eligible for Tuition Waiver benefits after completing six months of service from hire date. Employee dependents are eligible for this benefit after a one-year waiting period. Regular, part-time staff who work at least 20 hours per week, year round, are eligible for discounted tuition after one year of service.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Faculty/Staff Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Relationship to Student: Self Spouse Child

Desired Attendance: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Year: \_\_\_\_\_

Course No.	Course Title	Days	Hour/Time	No. of Credits

Employees are limited to two (2) classes per semester and may attend classes only during non-working hours, unless approved in advance by their supervisor.

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I certify this tuition waiver is for either myself, spouse or child age 24 or under as defined by the Internal Revenue Service (IRS) definition of a dependent. I understand that any financial aid or grant for which this student is eligible will be used by the University to offset the tuition waiver benefit, and that tuition waiver recipients are not eligible to receive scholarships funded by the University. I understand that tuition waiver recipients are required to apply for financial aid which will offset the amount of tuition waiver, with the exception of loans.

I hereby acknowledge that tuition benefits will be provided to me contingent upon successful completion of the course and continuation of my eligibility for tuition benefits based upon my employment status with the University. I realize that if I do not satisfy these criteria, I will be responsible for payment of the course and any related fees, i.e., late fees. I understand that falsifying eligibility or other information on this request may result in disciplinary actions up to and including termination of my employment.

\_\_\_\_\_  
Faculty/Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Approval

\_\_\_\_\_  
Date

\*\*\*\*\*

Waiver Approved: \_\_\_\_ Yes \_\_\_\_ No Denied for following reason: \_\_\_\_\_

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date

Copies Forwarded to: Business Office & Financial Aid on: \_\_\_\_\_