

**CLARKE UNIVERSITY
EMPLOYEE TUITION WAIVER APPLICATION**

IMPORTANT: The Clarke University Manual contains specific information concerning the Employee Tuition Waiver Benefit. Any questions regarding eligibility should be referred to the Human Resources Office. Application deadlines are listed on the back of this sheet, late applications are not accepted.

This form must be completed in its entirety. Incomplete applications will be returned to the employee. Any student enrolling in undergraduate courses must complete the application for financial aid (FAFSA) by June 30. Failure to do so will result in a reduction of the waiver amount. The student is also responsible for paying any applicable fees. Any courses offered in partnership with an outside agency are not covered under the tuition remission policy.

TO BE COMPLETED BY EMPLOYEE:

Student Information: _____
Student's Name *Social Security Number* *Date of Birth*

Relationship to Employee: ___Self ___Spouse ___Dependent Son/Daughter ___BVM Niece/Nephew

Requesting a tuition waiver for the academic year: _____

Semesters to be included (check all that apply): _____Fall _____Spring _____Summer

Program level: _____Undergraduate _____Graduate

Graduate program: _____MAE _____MSW

Please read the statements below and check the box to verify you understand.

- I understand that if I am not approved for the Tuition Waiver I will be required to reimburse the university at the regular tuition rate.
- I understand that any applicable financial aid (state and federal and institutional scholarships) will be applied to tuition balance before any tuition waiver is awarded.
- If enrolling in an undergraduate course, I will complete the application for financial aid (FAFSA) by June 30 or risk a reduction of the waiver amount.
- I understand that graduate tuition assistance over \$5,250 is taxable and will be added to my taxable wages at the end of the year.

Employee name (printed): _____

Employee start date: _____

Employee signature: _____

_____/_____/_____
Date

Supervisor signature (required): _____

_____/_____/_____
Date

TO BE COMPLETED BY HUMAN RESOURCES:

Faculty (IGFAD, IDFAC) _____ Full-time employee _____ BVM (IGNN) _____
 Administration/Staff (IGADD, IGADG) _____ Part-time employee _____

- Employee is .75 FTE and is eligible for fulltime tuition remission benefits
- Employee is .5 or greater FTE and is eligible for part-time tuition remission benefits
- If waiver is for a dependent, the student is under the age of 25

FALL SEMESTER – DUE MAY 1		
	Credit Hours	# of Courses
HR Approval		
FA Applies to Account		
SPRING SEMESTER – DUE OCTOBER 30		
	Credit Hours	# of Courses
HR Approval		
FA Applies to Account		
SUMMER SEMESTER – DUE MARCH 30		
	Credit Hours	# of Courses
HR Approval		
FA Applies to Account		

I approve that the employee is eligible for a tuition waiver as outlined above:

_____ Date

Human Resources

_____ Date

Financial Aid

Notes: (e.g. casual student status, also on Tuition Exchange etc.)