

**Edison State Community College
Employee Tuition Waiver**

Employee Name

(Please Print)

Employee ID

***Student Name**

(Please Print)

Student ID

Relationship to Employee

*If student is the employee's dependent, the employee must sign the following affidavit.

I, the employee, certify that the above student is currently my dependent as defined by IRS guidelines. I understand that if the student becomes independent, I will be liable for any tuition paid by the College.

** ☐ Please check if the dependent is a College Credit Plus Student. Please state reason why tuition waiver is needed: _____

Employee Signature

Date

Employee Signature

Date

THE FOLLOWING IS TO BE COMPLETED BY HUMAN RESOURCES

Employee Tuition Waiver is approved at the rate checked below:

☐ 100%

☐ 75%

☐ 50%

☐ _____%

Financial Aid year _____

For Adjunct employee dependent waiver only:

Instructional fees waived for _____ credit hours Term: _____

Human Resources Signature

Date

Distribution: Financial Aid Office
Human Resources