

**Edison 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.

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 Specialist's Signature

Date

Distribution: Business Office
Financial Aid Office
Human Resources