**Application for Tuition Waiver Benefit**  
Management (Nonrepresented) Employees

**To be completed by management employee/annuitant (please print):**

Name of □ Employee/□ Annuitant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personnel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last 4 Digits of Student SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of Student to Employee/Annuitant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of University Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Fall Spring Summer Winter

**Employee/Annuitant Verification:**

*I hereby certify that the above-named student qualifies as my child or spouse in accordance with, and meets the qualifications as defined by, the Board of Governors’ Policy. I agree to provide proof of relationship and age as may be required. I understand that it is my responsibility to meet the deadlines for tuition payment at the university attended by the student.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Employee/Annuitant Signature Date

**Note:** Guardian or beneficiary may provide verification of relationship in the event of employee’s/annuitant’s death.

|  |
| --- |
| **Human Resources Use Only:**  *The employee’s/annuitant’s eligibility and the student’s qualifications for tuition waiver have been reviewed, and I hereby certify that the information submitted is true and accurate to the best of my knowledge.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Human Resources Generalist Date |

Forward to the BUSINESS OFFICE at the university attended by the employee’s dependent.

**University BUSINESS OFFICE must forward copies to other appropriate offices at the university attended.**