



Employee Tuition Waiver Request Form

(Please submit a new form to the Benefits Office prior to the start of each term in which waiver is to be applied)

EMPLOYEE INFORMATION (Please Print or Type)

Name:		Department:	
DU ID #:		Hire Date:	
Employed as: <i>(circle one)</i>	Full Time	Part Time	Phone #:
			E-mail Address:

Indicate the term and year for enrollment:	Summer <input type="checkbox"/>	Interterm <input type="checkbox"/>	_____ Year
	Autumn <input type="checkbox"/>	Semester <input type="checkbox"/>	
	Winter <input type="checkbox"/>	Quarter <input type="checkbox"/>	
	Spring <input type="checkbox"/>		
Tuition waiver requests submitted for the following academic areas require special processing. If your registration for this term falls under any of these areas, please indicate so by circling the appropriate area.	Iliff School of Theology	The English Language Center	University College (2nd 5 week Session)

Students taking courses through a traditional program or the Law School are advised to consult the Student Health Center website (<http://www.du.edu/healthservices/feefacts.html>) for information on waiving the Student Health Fee and Student Health Insurance Fee.

Please refer to the DU Tuition Waiver Summary for further information regarding usage of the waiver, including taxation rules for graduate education and the topic of combining financial aid. The document can be printed directly from the HR website at http://www.du.edu/hr/benefits/tuition_waiver.html and is available in the DU Benefits Office (Columbine Hall West, Rm. 101).

I hereby certify that I am employed by the University of Denver and that all the information stated above is correct to the best of my knowledge. I further understand that if this employment relationship terminates prior to the end of the quarter or semester for which this tuition is granted, the tuition waiver amount for that term will be prorated based on my separation date and the number of weeks remaining for the covered course(s). The resulting account balance will then be billed to me.

Employee SignatureDate

I hereby approve the above employee's tuition waiver request after having reviewed and accepted, with or without work schedule accommodations acceptable to me, the impact of the time commitments of his/her proposed DU course schedule for the term upon his/her job responsibilities.

Supervisor SignatureDate

FOR HUMAN RESOURCES USE ONLY

TW Dedn Code: T0___ TW Option Code: 0___ Date TW entered in Banner: Mo. ___ Day ___ Yr. ___