



Tuition Waiver Form

Employee Name **Rocket I.D. #**

 Main Campus Employee **Health Science Campus Employee** **BGSU Employee**

Instructions: Tuition Waiver form must be filled out in ink, contain supervisor signature and forwarded to Human Resources. A new Tuition Waiver form must be completed every semester. Forms can be sent to Human Resources at MS 205. The Employee Fee Waiver Application must be received by the Office of Human Resources on or before the last day of the current semester in which the application is for. **HR will not process retroactive applications for previous semesters.**

Please Select One

Check only if applicable.

Full-Time Faculty Hire Date: _____	Spouse / Domestic Partner (DP)
Full-Time Staff (non-faculty) Hire Date: _____	Dependent (See Bottom Portion)
Part-Time Faculty %FTE Hire Date: _____	
Part-Time Staff %FTE Hire Date: _____	

Dependent/Spouse/DP Name **Date of Birth mm/dd/yy** **Rocket I.D. #**
****Only if Waiver applies to Dependent/Spouse/Domestic Partner**

Check All That Apply

Undergraduate	Tuition	Fall	In State
Graduate	Application Fee	Spring	Out of State
Law	New Student Fee	Summer	Monroe Co., MI

For Dependent Waivers Only

Is the Dependent: Age 24 and Under? ___yes ___no
 Unmarried? ___yes ___no
 Claimed as IRS Dependent on Your Taxes? ___yes ___no
 Full Time Student (at least 12 hrs.) ___yes ___no

Employee Signature **Supervisor Signature** **HR Approval**

HR USE ONLY

Employee Group:	Amount Authorized:	Entered By:	Date Entered:
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