Graduate
Tuition Waiver Form

Employee Name ___________________________________________ Rocket Number
☐ Main Campus
☐ Health Science Campus

Instructions: Tuition Waiver form must be filled out in ink and forwarded to Human Resources & Talent Development. A new Tuition Waiver form must be completed every semester. Forms can be sent to Human Resources & Talent Development at MS 405 or faxed to 419-530-1492. The Employee Tuition Waiver must be received by the Office of Human Resources & Talent Development on or before the last day of the current semester in which the application is for. Submitters must confirm eligibility for this waiver with HRTD prior to withdrawal date. HRTD will not process retroactive waivers for previous semesters. This form is for spouses and dependent graduate students only.

☐ Dependent Date of Birth _____________________________ Rocket #
☐ Spouse/Domestic Partner

Semester:
☐ Spring ☐ Summer ☐ Fall

Program: ___________________________ Number of Hours Currently Earned: __________

Term of Admission: ___________________________ Expected Graduation Date: ______________

Last Term Registered: ___________________________

Dependent is age 28 or under (end of semester)? ☐ Yes ☐ No
Is the dependent unmarried? ☐ Yes ☐ No

Employee Signature _____________________________ Date ________________________

HR USE ONLY

Employee Group: Entered By: Date Entered:
