



DEPENDENT TUITION FEE WAIVER CERTIFICATION (Age 19 -24)

Note: This is NOT the tuition waiver. The tuition waiver request form is available in your myUT portal.

Please submit completed form along with a Birth Certificate to Human Resources.

Employee Name: _____ Rocket ID or SSN: _____

Campus: Main Campus Health Science Campus

ADULT CHILD INFORMATION

Adult Child Name: _____ Rocket ID or SSN: _____

Relationship to Employee: Child Stepchild Child of Domestic Partner

Date of Birth: ____ / ____ / ____

IRS Dependent: Yes No

Marital Status: Single Married Divorced Separated

Address: _____ City _____ State _____ Zip _____

I certify that all information provided on this form is correct to the best of my knowledge.

Signature of Employee

Date

Human Resources

Mail Stop 205 • 2801 W. Bancroft St. • Toledo, Ohio 43606-3390
419.530.4747 Phone • 419.530.1490 Fax • www.utoledo.edu/depts/hr