Tuition Waiver Form

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

☐ **Main Campus Employee** ☐ **Health Science Campus Employee**

☐ **UT Retiree** ☐ **BGSU Employee**

Is waiver for:

☐ Self ☐ Fall

☐ Dependent ☐ Spring Year _____

☐ Spouse /Domestic Partner ☐ Summer

_____ _____ _____

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 ☐ In State

☐ Graduate ☐ Out of State

☐ Law

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

_____ _____

Employee Signature Date

HR USE ONLY

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