



## Tuition Waiver Form

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Rocket I.D. #

- Main Campus Employee     Health Science Campus Employee  
 UT Retiree                 BGSU Employee

**Is waiver for:**

Self (Active Employee Only)

Fall

Dependent

Spring

\_\_\_\_\_  
Year

Spouse

Summer

\_\_\_\_\_  
\_ Dependent/Spouse Name

\_\_\_\_\_  
Date of Birth mm/dd/yy

\_\_\_\_\_  
Rocket I.D. #

**\*\*Only if Waiver applies to Dependent/Spouse**

*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:
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