DEPENDENT TUITION WAIVER APPLICATION

Refer to the PSU Dependent Tuition Waiver Program Effective Fall, 2006.

Applicants must complete a new application each semester to be considered for the program.

| Employee Info | ormation: | Dependent Information: | | |
|---|---|---|--|--|
| Name: | | Dependent Name: | | |
| ID: | Campus Phone: | ID: | | |
| Departmen | t: | Birth Date: | | |
| E-mail addı | ress: | _ | | |
| Check only | 1 semester per application | | | |
| Fall Se | emester Spring Semester | Summer Session | | |
| Is Dependent | t unmarried as of the 1 st day of classes this ser | mester? YesNo | | |
| Is Dependent | t your natural child, stepchild or legal ward as | of the 1 st day of classes of this semester? Yes No | | |
| | dent claimed as a dependent for income tax pur nis semester? Yes No | irposes based on IRS guidelines in the tax year preceding the 1st day of | | |
| | yee must provide Proof of Relationship iver Program. Acceptable forms include | o for the Dependent with the first application for the le: | | |
| Ste | tural Child - Birth Certificate of Depende p Child - Marriage Certificate of Employ opted Child or Legal Ward - Adoption Ag | ee and Birth Certificate of Dependent | | |
| | | endent Applying for the Tuition Waiver | | |
| | | | | |
| Are vou currently | admitted to Pittsburg State University? ly attending High School?Yes g an undergraduate degree from PSU? | No | | |
| | | gning this application, I authorize HRS to check my grades at the end o | | |
| Dependent's sig | ınature: | Date | | |
| | To be Comple | eted by the Employee | | |
| I certify that the o | agree to the provisions of this program. The informa | ation on this application is complete and accurate to the best of my knowledge, a ver program. Any attempt by me to knowingly enroll dependents which do not me | | |
| Employee's signature: | | Date: | | |
| an employee's annua | | nnce is considered in some circumstances as taxable income and must be reported as such the may be subject to taxes for their tuition assistance award depending upon the level of accalaureate degree are not affected by this | | |
| HRS USE | ONLY: | Semester of Application: | | |
| Employee Lo | ength of Service Date: | | | |
| Age of Dependent on 1 st Day of Semester: Cu | | Cumulative GPA under Waiver Program | | |
| Proof of Rela | ation Rec'd/Verified:YesNo | # of Semesters Previously Waived: | | |
| Tuition Waiv | verNot ApprovedApproved | Maximum Percentage of Tuition Waiver: | | |
| HRS Rep | | Date | | |
| cc: Employe | ∋e | | | |