

EMPLOYEE TUITION WAIVER REQUEST

IMPORTANT: You are responsible for paying the tuition deposit and all ancillary and withdrawal fees. This tuition waiver covers tuition only. One tuition waiver form is required for each semester. Completed forms are to be forwarded to Human Resources before the start of the semester.

STUDENT'S PERSONAL INFORMATION

Last Name:	First Name:
Address:	Student / Employee No:
City: Province:	Postal Code: Phone No:

COURSE INFORMATION

NAME OF PROGRAM:				YEAR:			
Check Appropriate Semester		Fall (Sept-Dec) <input type="checkbox"/>	Winter (Jan-Apr) <input type="checkbox"/>	Spring (May-June) <input type="checkbox"/>	Summer (July-Aug) <input type="checkbox"/>		
Name of Course	CRN#	COURSE DAYS	M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F <input type="radio"/>	TIME			
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I acknowledge that I am responsible for paying all ancillary and withdrawal fees associated with attending UNBC. It is also my responsibility to register for all courses with the Registrar's Office and advise them if I have withdrawn or failed to register for the above courses.

Student's Signature: _____ Date: _____

EMPLOYEE INFORMATION

IMPORTANT: Regular full-time and part-time employees, their spouses (including common-law spouses), and their children are eligible for a waiver of the tuition fee for UNBC courses.

CUPE Directors & Executive Exempt Faculty

Last Name:	First Name:	Employee No:	
Job Title:	Dept./Program		
Student's Relationship to you:			

I hereby certify that I have read and that I and my dependent (if for spouse or child) meet the terms and conditions of the general tuition waiver policy and the collective agreement applicable to my employee group

Employee's Signature: _____ Date: _____

FOR UNBC EMPLOYEES TAKING COURSES

If your course(s) require(s) release time from your normal working day, please indicate how you will make up for time off:

I Agree to this Work Arrangement, and I confirm that the course(s) do not interfere with the employee's normal work hours.

Supervisor Name	Supervisor Signature	Date	
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TUITION WAIVER REQUEST APPROVAL

Human Resources	Date
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Human Resources Copy

Finance – Cashiers Copy