

# DEPENDENT FEE WAIVER FORM FOR A FULL-TIME EMPLOYEE

\_\_\_\_ Fall 20 \_\_\_\_

\_\_\_\_ Spring 20 \_\_\_\_

\_\_\_\_ Summer 20 \_\_\_\_

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO THE HUMAN RESOURCE OFFICE, ROOM 106, NORTH CAMPUS BUILDING D, BY THE LAST DAY OF REGULAR REGISTRATION.

Spouses and children of Faculty and Staff members who are **currently employed full-time** and who have **completed five years of full-time** employment as of the last day of regular registration for the semester of enrollment may use the fee waiver for undergraduate instruction only.

**PLEASE PRINT :** Student's Name: \_\_\_\_\_

Student's Empl. ID(W #): \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

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

\_\_\_\_\_  
**Employee Title/Classification**

\_\_\_\_\_  
**Employee ID# (W#)**

\_\_\_\_\_  
**Dept Name/Budget Unit #**

\_\_\_\_\_  
**Work Phone #**

I certify that I will have completed five years of full-time employment at Southeastern Louisiana University by the last day of registration for the semester of enrollment. I further certify that the person for whom a waiver of fees is being requested is either my spouse or child and is eligible as a dependent for federal income tax purposes during this semester. I will claim the above named student as an eligible dependent for tax purposes during this calendar year, and that I will furnish a copy of my tax return at the request of the University. Should I fail to claim the above student as an eligible dependent for tax purposes, I will reimburse the University for the amount of the fee waiver.

\_\_\_\_\_  
**Employee Signature**

**This section is to be completed by the Human Resource Department.**

Type of Waiver: Faculty (4320134) \_\_\_\_\_ Staff (4320135) \_\_\_\_\_ Retiree (4320136) \_\_\_\_\_

The above named employee will have completed five years of full-time employment at Southeastern by the last day of registration for the semester of enrollment.

\_\_\_\_\_  
Human Resource Staff

\_\_\_\_\_  
Date

**This section is to be completed by the Scholarship Department**

Equation Variable \_\_\_\_\_

Calculation \_\_\_\_\_

Financial Aid Panel \_\_\_\_\_

Date Added to System \_\_\_\_\_

Initials \_\_\_\_\_