

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 REGISTRATION.

Spouses and children of Faculty and Staff members who are **currently employed full-time** as of the last day of 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 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 is currently employed full-time 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 _____