

Request for Waiver of Tuition

The Request for Waiver of Tuition form must be completed and received by Human Resources, before 5:00 p.m. the last day of the add/drop period. See [Enrollment Information](#) for dates and deadlines. Any waivers received after this time will result in a delay.

Internal Revenue Code Section 132(d) allows employers to exclude job-related educational expenses, up to \$5250.00, from an employee's income as a working condition fringe benefit. The exclusion is generally available for any form of educational instruction or training that improves or develops the job-related capabilities of the employee.

- This training/education is not needed to meet the minimum education requirements of my current job
- This training/education is not part of a program or study that will qualify me for a new job
- This training/education is required by the university, law or regulatory agency to keep my present salary, status or job; or the required work-related training/education maintains or improves skills required in my present job.
- I understand that Payroll Services will collect the appropriate taxes from me at the end of the year tuition waiver expenses which were not job-related and exceeded the IRS excluded amount of \$5250.00.

Note: Affiliates, excluding ROTC and Emeritus faculty and staff are not eligible for a Request for Waiver of Tuition. Online courses will not have full tuition waived unless certain circumstances apply.

The employee and the supervisor must review Policy [1402](#) and [1405](#).

Name:		PeopleSoft & Student #:		
Department:		Org #:	Division:	
Email:	Phone:		MSC:	
Semester:	Fall	Spring	Summer	Year

List your first two course preferences; you may also list an alternate course. Missing information will cause a delay in processing. If you are auditing the course DO NOT list # of credit hours, -list audit. Please follow example below.

	Course #	Section #	Class #	Title	# Credit Hours	Class Schedule	Is this course job related?
Sample	Span 300	0001-Lec	70849	Grammar & Comm	3	TuTh 9:30 a.m.	
1							
2							
Lab							
Alternate							

I certify that the information provided is complete and accurate. I have read [Policy 1402](#) and [Policy 1405](#) and meet the criteria to receive a Request for Waiver of Tuition. I assume responsibility for the information provided. If any information is incorrect I understand that I am risking disapproval of future requests. I also understand that any and all information on this form is subject to verification. **Please note: two administrative levels above the employee must sign/approve the Request for Waiver of Tuition.**

Employee:	Date:
Supervisor: <i>I certify that the above employee is in compliance with Policy 1402 or Policy 1405, and approve the request for waiver of tuition to be granted.</i>	Date:
Director/Dean/Department Head: <i>Request for Waiver of Tuition is authorized.</i>	Date:
AVP or VP: <i>Request for Waiver of Tuition is authorized.</i>	Date:

FOR OFFICE USE ONLY

Active: _____ OE Approved: _____
 F/T: _____ Processed: _____
 Prior Waivers: _____ Emailed: _____
 Recommend Approval: _____
 Eligible for: _____