



REQUEST FOR DEPENDENT TUITION WAIVER

This waiver request form must be completed and submitted for each semester.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

XU ID: _____ XU Email: _____@xula.edu Date of Birth: ___/___/___

Requesting Tuition Waiver For: Fall Spring Year: _____

Education Level: Undergraduate Graduate

School: College of Arts and Sciences College of Pharmacy Graduate School

Course of Study: _____

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

XU ID: _____ XU Email: _____@xula.edu Date of Hire: ___/___/___

Employment Classification: Faculty Staff Department: _____

Employee's Relationship to Student: Parent Legal Guardian Spouse

Requirements for first-time applicants depending on above relationship: birth certificate if parent, court document and birth certificate if legal guardian, or marriage certificate if spouse.

SIGNATURES

Student's Signature: _____ Date: ___/___/___

Employee's Signature: _____ Date: ___/___/___

Please submit form to the Office of Human Resources for approval routing.

Financial Aid (Completion of FAFSA): _____ Date: ___/___/___

Registrar (Enrollment & GPA): _____ Date: ___/___/___

Original Date of Enrollment at XULA: ___/___/___ Latest GPA: _____
mo year

Fiscal Services (Student Accounts): _____ Date: ___/___/___

Number of Tuition Remissions Received: _____ (nine semesters maximum)

Associate VP of Human Resources: _____ Date: ___/___/___