REQUEST FOR DEPENDENT TUITION WAIVER

Please complete all requested information and return to the Office of Human Resources for all approvals.

Student Information

Name of Student _____
First *MI* *Last*

Student's SSN_____DOB_____/_____/_____Email_____

Employee Information

Name of Employee_____
First *MI* *Last*

Employee's SSN_____Employee's Email_____

Faculty_____ Staff_____ Department_____
Date of Hire_____

Relationship to Student: _____Parent _____Legal Guardian* _____ Spouse**

Must provide proof of legal guardianship/birth certificate** ** **Must provide proof of marriage

_____Fall Semester _____Year _____Undergraduate

_____Spring Semester _____Year _____Graduate

Enrollment: _____College of Arts and Sciences_____College of Pharmacy_____ Graduate School

Course of Study:_____

Original Date of Enrollment at Xavier University of LA_____

Please check the number of semesters completed:

___ONE ___TWO ___THREE ___FOUR _ __FIVE ___SIX ___SEVEN ___EIGHT ___NINE*

* Students are eligible for Tuition Waiver for a maximum of nine semesters.

Grade Point Average (GPA) _____(To be provided by Office of the Registrar Only)

I ATTEST THAT THE ABOVE INFORMATION IS TRUE

_____ _____
Student Signature *Date*

_____ _____
Employee Signature *Date*

RETURN TO HUMAN RESOURCES FOR ALL APPROVALS

_____ _____
Financial Aid (FAFSA) *Date*

_____ _____
Registrar (Enrollment &GPA) *Date*

_____ _____
Director of Human Resources (Employment) *Date*