



Spouse/Dependent Child Tuition Waiver Request Form

(Please submit a new form to the Benefits Office prior to the 100% drop deadline listed by the Registrar each academic term)

EMPLOYEE INFORMATION (Please Print or Type)

Name:			Department:		
DU ID #:			Hire Date:		
Employed as: <i>(circle one)</i>	Full Time	Part Time	If Faculty: <i>(circle one)</i>	Tenured	Non-Tenured
Phone #:			E-mail Address:		

WAIVER RECIPIENT INFORMATION (Please Print or Type)

Name:		Relationship to Employee:			
DU ID # (cannot process without this number):		Student Class Level (Graduate/Undergraduate) :			
Indicate the term and year for enrollment: _____ Year	Summer <input type="checkbox"/>	Interterm <input type="checkbox"/>	<input type="checkbox"/> New Request <input type="checkbox"/> Renewal		
	Autumn <input type="checkbox"/>	Semester <input type="checkbox"/>			
	Winter <input type="checkbox"/>	Quarter <input type="checkbox"/>			
	Spring <input type="checkbox"/>	<input type="checkbox"/>			
Tuition waiver requests for following academic areas require special processing. If your registration falls under any of these areas, please indicate so by circling the appropriate area.		Hliff School of Theology		The English Language Center	

Students taking courses through a program other than University College or The Women's College are advised to consult the Student Health Center for information on waiving the Student Health Fee and Student Health Insurance Fee.

Please refer to the DU Tuition Waiver Summary for further information regarding usage of the waiver, including taxation rules for graduate education and the topic of combining financial aid. The document can be printed directly from the HR website at www.du.edu/hr and is available in the DU Human Resources/Benefits Office (Mary Reed Bldg., Rm. 403).

NOTE: It is the responsibility of the student and/or employee to know the policy on combination of awards, policy limits, taxation requirements, and health insurance.

I hereby certify that I am employed by the University of Denver and that all the information stated above is correct to the best of my knowledge. I am aware that it is my responsibility to submit to the Benefits Office a new Tuition Waiver Request form if any of the above information changes or if my spouse/dependent child becomes eligible for a different level of waiver. I further understand that if my employment relationship with the University terminates prior to the end of the quarter or semester for which this tuition waiver is granted, the tuition waiver amount for that term will be prorated based on my separation date and the number of weeks remaining for the covered course(s). The resulting account balance will then be billed to either my relation or me.

Employee Signature **Date**

FOR HUMAN RESOURCES USE ONLY

TW Dedn Code: T0 _____ TW Option Code: 0 _____ Date TW entered in Banner: Mo. ____ Day ____ Yr. ____