



TUITION WAIVER REQUEST FORM

(Form is to be completed and approved each semester prior to or at the time of registration to qualify for tuition waiver)

The employee tuition waiver covers tuition and general fees but does not apply toward any special fees, book/supply costs, courses offered only on a non-credit basis or program costs assessed through educational partners for tuition, seat charges or other fees. If the student is using multiple tuition-based funding programs, the other funding will be applied to the student's account before the employee waiver, except in the case of PELL funds. PELL funds will be applied after the waiver is applied to the student's account.

Partner programs not covered by tuition waiver: Automotive Technology (at Four Rivers), Building Construction (at Four Rivers), Occupational Therapy Assistant - (Missouri Health Professions Consortium), Welding (at Four Rivers). Please contact Financial Aid to inquire about a specific program if not listed.

Employee Name/ID #: _____ Department: _____

Tuition Waiver for ECC credit classes to be used by:

- Myself, current employment status is: Full-time employee Part-time employee Adjunct instructor
- Myself, retiree
- My spouse/child (Eligible to full-time employees only) Definition of child: natural child, adopted child, stepchild that lives with you, or other child for whom you are the legal guardian, as long as he/she is under age 24, unmarried, and lives at home.

Student Name: _____

Student ID#: _____

If unknown, leave blank

Semester/Year: Fall _____ Spring _____ Summer _____
 Dual Credit Dual Enrollment
 Name of High School _____

Course #	Course Title	Credit Hrs.	Day(s) of course(s)	Time of course(s)

I have reviewed the **Tuition Waiver and Tuition Reimbursement Policy (5.45)** and agree that I am or my dependent listed above is currently eligible for educational assistance.

Employee/Retiree Signature/Date

Employee's Spouse/Child Signature/Date

Supervisor Approval: (Supervisor and Area Administrator signature required when the employee is the student)

Supervisor Signature/Date

Area Administrator Signature/Date

Human Resources Approval: (Verifies Employee is eligible for waiver)

Human Resources Signature/Date

Financial Aid Approval

Revised 9-2023

EEW _____	Other tuition/fee waiver used _____	Amount \$ _____
ESW _____	Amount of Employee Waiver \$ _____	FA Initials _____ Date _____