

## Cameron University Cameron's Own Tuition Waiver Request Form

Please read the Employee Dependent Tuition Waiver Policy before completing this form. Signing this form certifies that the student is a child (natural, adoptive, stepchild, or a child for whom the employee has legal guardianship) of a qualified employee. **False certification of eligibility is cause for disciplinary action.** 

Section 1 – Child Infor	mation				
Name				Student ID	
Address					
Phone			Date of Birth		
Enrollment Period	Fall	Spring	Summer		
Child Signature _			Date		
**************************************			******	*******	
Name of CU Employee			Emp	Employee ID	
Department Date of Initial Employment				loyment	
Employee Signature			Dat	te	
Section 3 – Employee	Authorization	<b>on</b> Section II meets th	e criteria of a qı	**************************************	
Director of Human Res		Date			
			******	*********	
Section 4 – Financial Assistance Authorization					
I certify that this stude the enrollment period			ceive the Camer	on's Own Tuition Waiver for	
				Date	
Director of Financial A	ssistance/So	cholarship Coordin	<del></del> ator		