



# Cameron University Employee Academic Tuition Waiver Request Form

### Section 1 – Employee Information

Name of CU Employee \_\_\_\_\_ Employee ID \_\_\_\_\_

Department \_\_\_\_\_ Date of Initial Employment \_\_\_\_\_

### Section 2 – Dependent Information (Complete as applicable)

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Spouse     Dependent Child    Date of Birth \_\_\_\_\_

### Section 3 – Participant Course Information (Attach a course schedule for all participants)

Semester and Academic Year \_\_\_\_\_

ID Number	Course Number	Prefix	Class Time Schedule	Days	Tuition Waiver Amount

### Section 4 – Employee Certification (Employees must attach a revised work schedule if applicable)

I have read the Employee Academic Tuition Waiver Policy and verify all the above information is true. I understand and agree that my employer, Cameron University, may deduct any unpaid amounts owed due to the above courses in the event any amount remains unpaid 15 days after the end of the semester or if my employment at Cameron University ends and fees are still due to the University.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Business Office \_\_\_\_\_ Date \_\_\_\_\_