

GPA:

## RHODES STATE COLLEGE Tuition Waiver Benefit Form

See Tuition Waiver Benefit Policy 2.07 for eligibility, work commitments and other information.

Tuition Waiver must be completed and submitted to HR prior to first day of each semester for which the benefit is being requested. Information on registration and tuition / fee payment due dates are available in the Financial Aid Office.

A separate form must be submitted for each spouse / dependent / domestic partner for each semester of enrollment.

Faulty/Staff Information:			
Full Name Faculty/Staff:			
RSC ID Number:	Department:		
Tuition Wavier Benefit for:			
Dependent/Spouse/Domestic Par	tners Full Name:		
Student ID Number:	Relationship to Emp	loyee:	
Semester Attending:	Academic Year:		
Signature, Faculty/Staff		 Date	_
<b></b>			
Signature, Human Resources		 Date	<del>_</del>
<b>3</b>			
Signature, Financial Aid		 Date	_
Attach the following as proof o	f dependency:		
For Spouse: Marriage License or	Tax Return showing Joint F	iling (redact confide	ential information)
For Domestic Partner: Affidavit of	Domestic Partner on file wi	th Human Resource	es
For Dependents: Tax Return Clai	ming Dependent Proof of G	Guardianship or Cov	erage on Medical
Insurance	д _ ор от от от о	, , , , , , , , , , , , , , , , , , ,	g
Step 1: Complete form and subm	it to HR along with proof of	dependency	
Step 2: HR to review, approve elig	gible dependents and send	to Financial Aid	
Step 3: Financial Aid to determine to the student's account. Student			
Tuition Waiver amount awarded:	Financial Aid Office to cou	<b>mplete:</b> udent Type:	
Attempted hours:	31		

School Attending: