

LAWRENCE UNIVERSITY

Employee/Dependent (Spouse/Partner/Child) Tuition Waiver Application Form

Name of Employee:	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse/Partner
Name of Student:	<input type="checkbox"/> Child Grade: _____
Department:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hrs/week
Course Name:	
# of Unit(s)	
For Academic Year: <input type="checkbox"/> Term I <input type="checkbox"/> Term II <input type="checkbox"/> Term III	
Please complete the following:	
1. Will you be taking the class for <input type="checkbox"/> Credit or <input type="checkbox"/> Audit ?	
2. Have you previously attended classes at Lawrence? If yes, when: _____ <input type="checkbox"/> YES: You must contact the Registrar's Office and be reinstated as a student before you will be eligible to register for classes. <input type="checkbox"/> NO: You must apply for admission as a student. Applications for admission are available from the Admissions Office or Human Resources.	
3. If applicable, have you discussed this with your supervisor and worked out a satisfactory work schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. If a high school student, have you applied for other financial assistance such as Post Secondary Enrollment Option? <input type="checkbox"/> Yes – Result: _____ <input type="checkbox"/> No – Why not? _____	
<i>I understand that courses taken for credit must be completed satisfactorily in order to maintain eligibility for the program. Courses involving direct outlay of money on the part of the university may not be taken as part of this program. This form, application and registration must be completed in advance of the start of classes.</i>	
Signature of Dependent: _____	Date: _____
Signature of Employee: _____	Date: _____
Signature of Supervisor: _____ (where appropriate)	Date: _____
HR Approval: _____	Date: _____