

**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   |  |
| <b>Please complete the following:</b>   |  |
| 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: _____<br><input type="checkbox"/> <b>YES:</b> You must contact the Registrar's Office and be reinstated as a student before you will be eligible to register for classes.<br><input type="checkbox"/> <b>NO:</b> You must apply for admission as a student. Applications for admission are available from the Admissions Office. |  |
| 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?<br><br><input type="checkbox"/> Yes – Result: _____<br><br><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: _____<br>(where appropriate)   | Date: _____  |
| HR Approval: _____  | Date: _____  |