

NORTH CENTRAL STATE COLLEGE APPLICATION FOR PART-TIME STAFF TUITION REMISSION

Date of Request: _____

Semester Requested →	Fall 20 __	Spring 20 __	Summer 20 __
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DEPENDENT/SPOUSE REGISTRATION AUTHORIZATION		
Student's Name:	SS#:	Date of Birth:
Employee's Name:	Division/Department:	
Individual family member is defined as a spouse or child under twenty-five (25) years of age who meets at least one of the following criteria. Please check one.		
<input type="checkbox"/>	Is the natural child of the College employee.	
<input type="checkbox"/>	Is the legally adopted child of the College employee.	
<input type="checkbox"/>	Is a step-child of the College employee.	
<input type="checkbox"/>	Is a foster child of the College employee living in the same household.	
<input type="checkbox"/>	Is the spouse of a North Central State College employee.	

PART-TIME STAFF REGISTRATION AUTHORIZATION			
Name:		SS#:	
	Classes (List Course Number/Section/Title)	Credit Hrs.	Time Attending
1			Days
2			
3			

- *I have read and understand the Tuition Remission Policy. Further, I understand the College may randomly monitor these applications and ask for verification of information.*

Employee's Signature

Date

Supervisor's Signature

Date

TO BE COMPLETED BY HUMAN RESOURCES		
# of credit hours eligible for waiver:	Applied for FASFA Yes <input type="checkbox"/> No <input type="checkbox"/>	Eligible for Financial Aid? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, check reason: Has degree <input type="checkbox"/> Income <input type="checkbox"/> Other <input type="checkbox"/> Explain:
Date Received:		
Approval/Human Resources:		