

NORTHERN New Mexico College



TUITION WAIVER REQUEST

EMPLOYEE NAME: _____ EMPLOYEE ID: _____

EMPLOYEE TITLE: _____ DEPARTMENT: _____

EMPLOYEE CLASSIFICATION: (Select One)

___ FACULTY ___ STAFF ___ FULL-TIME ___ PART-TIME

TUITION WAIVER IS REQUESTED FOR: ___ EMPLOYEE ___ DEPENDENT

If requesting tuition waiver for a dependent:

DEPENDENT NAME: _____

RELATIONSHIP TO EMPLOYEE: (select one if requesting tuition waiver for a dependent)

___ CHILD ___ STEP-CHILD ___ SPOUSE ___ OTHER: _____

COURSE INFORMATION

SEMESTER: (select one) ___ FALL ___ SPRING ___ SUMMER

COURSE #	TITLE	CREDIT HRS	DAY	TIME	LOCATION	DURING WK HRS (Y/N)

TOTAL CREDIT HOURS: _____

TOTAL TUITION COST: _____

APPROVAL PROCESS

1. EMPLOYEE SIGNATURE _____ DATE _____
2. SUPERVISOR _____ DATE _____
3. HUMAN RESOURCES _____ DATE _____
4. STUDENT BILLING _____ DATE _____
5. FINANCIAL AID DATE RECEIVED _____