

Shepherd University
SPOUSE OR DEPENDENT TUITION WAIVER APPLICATION
(For Legal Spouse or Dependent of Full-Time Shepherd University Employee)

Name of Employee: _____

Employee's Job Title: _____

Employee's Street or PO Box: _____

Employee's City, State, Zip Code: _____

Employment Record (To be confirmed by Human Resources Office)

Start Date for Full-Time Employment: _____ Currently Employed Full-Time? _____

Signature of HR Representative

Date

Name of Student: _____ Student ID Number: _____

Student's Relationship to Employee: _____

Student's Street or PO Box: _____

Student's City, State, Zip Code: _____

Semester for which waiver is requested: _____

Employee's Signature

Date

Student's Signature

Date

Office of Financial Aid Use Only

Degree Seeking _____

Cont/Trans/New _____

Discip. Prob. _____

Full time _____

Cumulative GPA _____

FAFSA _____

Amount of Award _____

Other _____

Date _____

RETURN THIS FORM TO THE HR OFFICE BY THE PREVIOUSLY ESTABLISHED DEADLINE