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

Revised July 6, 2009