

Arkansas Tech University

Office of Human Resources

Application for Faculty/Staff Waiver

I hereby apply for aid for on-campus study during the _____ term, 20_____.

Employee Information required for processing:

Employee Name: _____ Employee I.D. #: _____
(T number)

Dependent Information (if applicable): Spouse Unmarried Dependent
 Dependent birthdate: _____ (Children must NOT have reached 23rd birthday by the FIRST day of class)

Class Status: Graduate Undergraduate

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Student I.D. # Last Name First Name M.I.

Course Number and Name	(specify times below)					
	M	T	W	R	F	S

Policy requirements for faculty and staff members:

- Courses must meet the Policy approved by the Administrative Council for Tech employees taking classes during regular working hours.
- Dependent children **must be unmarried** and must **not** have reached their 23rd birthday by the first day of class.
- Reduced fee for dependent applies only to tuition not otherwise covered by scholarships.
- The faculty/staff waiver will be credited to the student's account **UPON COMPLETION OF THE 80% TUITION REDUCTION PERIOD.** (Please see current schedule of courses for exact date.)
- Forms are to be completed and approved during registration/classification.

Signature of Employee OR Dependent

Date

Supervisor Signature *(Required for Employees only)*

Human Resource Office Approval

Director/Dean Signature *(Required for Employees only)*

Vice President/Chancellor Signature
(Required for Employees only)

Budget and Sub Code

Discount Amount

For office use only

HR _____	Fin. Aid. _____	HR _____
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