

Manual Tuition Waiver Request Form

Use this form to request a tuition waiver for a:

- Retired DePaul University employee
- Dependent of retired DePaul employee with tuition benefits
- Unrelated Second Domiciled Adult (SDA) of a full-time employee
- Special arrangement with DePaul University
- Other _____

Employee's Name: _____

Employee's SS#/Employee ID number: _____

Dependent's/Second Domiciled Adult's Name: _____

Dependent's/Second Domiciled Adult's Student ID Number: _____

If waiver is for a dependent, please specify designation: Spouse Child

Academic Year: _____ / _____
Year/Year

Student Status:

- Undergraduate Graduate

Term:

- Fall Winter December Spring Summer I Summer II
Interession
- Summer Term (10-Weeks) Law Fall Law Spring Law Summer

How many credit hours are you requesting be waived for the term indicated above? _____

Please list the following information for the courses your tuition waive is to be applied for the above term:

Course Number	Course Name	College/School	Term/Year

Employee's Signature: _____ Date: _____

Dependent's/SDA's Signature: _____ Date: _____

Supervisor/Manager Signature: _____ Date: _____
(If applicable)

Human Resources Approval: _____ Date: _____

For more information regarding the tuition waiver program, please refer to the tuition waiver policy located on the university policies and procedures website at <http://policies.depaul.edu>.