Part-Time Faculty Tuition Waiver Form

Use this form to request a tuition waiver if:

- You are a current part-time faculty member of DePaul University, or
- You taught at DePaul University on a part-time basis within the past twelve months and are eligible for the tuition waiver benefit.

Policy: If you are a part-time faculty member, your tuition waiver benefit is limited to the number of courses you taught during the academic year and preceding summer session – but only up to 12 credit hours per academic year. There can be no more credit hours of tuition waiver granted than the number of credit hours taught. Tuition waivers will be given only for courses offered during this same 12-month period in which the part-time faculty member taught at DePaul.

Employee Name: _____________________________________________

Employee ID#: ____________________

Department: ____________________ Employee Extension: _______

Supervisor: ____________________ Supervisor Extension: _______

Academic Year: _____ / _____

Student Status (please check one):  ☐ Undergraduate  ☐ Graduate

Term (please check one):

- ☐ Fall
- ☐ December
- ☐ Interession
- ☐ Winter
- ☐ Spring
- ☐ Summer I
- ☐ Summer II
- ☐ Summer Term (10 – Week)
- ☐ Law Fall
- ☐ Law Spring
- ☐ Law Summer

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

If you are also eligible for a graduate assistantship from your department for the term indicated above, please indicate how many credit hours will be waived for the term indicated above. ___________

What courses are you currently teaching and have taught within the current academic year and preceding summer session? Please indicate below or attach a separate sheet.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Department</th>
<th>Term/Year</th>
<th>Credit Hours</th>
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Employee’s Signature: ___________________________________________ Date: ____________

Dean or Dean’s delegated approver’s Signature: ___________________________ Date: ____________

Human Resource’s Approval: ___________________________________________ Date: ____________

This form must be submitted before the last day to drop classes with no penalty; refer to the Academic Calendar for these dates by visiting go.depaul.edu/calendar.