

## 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       Winter       Spring       Summer I  
Intersession

Summer II       Summer Term       Law Fall       Law Spring       Law Summer  
(10 – Week)

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.

Course Number	Course Name	Department	Term/Year	Credit Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean or Dean's delegated approver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource's Approval: \_\_\_\_\_ Date: \_\_\_\_\_