

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 three courses per year. 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 SS#: _____

Department: _____ Employee Extension: _____

Supervisor: _____ Supervisor Extension: _____

Academic Year: ____ / ____

Student Status (please circle): Undergraduate Graduate

Term (please circle):

Fall

Winter

Spring

Summer I

Summer II

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 past 12 month period? Please indicate below or attach a separate sheet.

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

Employee's Signature: _____ Date: _____

Supervisor's Approval: _____ Date: _____

Human Resources Approval: _____ Date: _____