

PAINE COLLEGE – Tuition Waiver

Please Print:

Employee Name:	ID Number	Name of Student if not Employee:	ID Number	Relationship to Employee:

_____ I certify that I have been a full-time employee of Paine College for at least one year.	_____ I certify that I have been a full-time employee of Paine College at least one year and my dependent(s) is eligible for a tuition waiver.
_____ I will _____ I will not. . . . be taking classes during regular scheduled work hours. (Complete class schedule below and attach copy of class schedule).	_____ I or my dependent(s) have completed the FAFSA form in Student Financial Services. Attached is my most recent tax return listing all dependent(s)
_____ I certify that I am not in default on any Direct Loans. _____ I certify that I am eligible, under the current College policy, for this staff tuition waiver and agree to take full responsibility for tuition charges should it be determined that I am not eligible for this waiver.	If you are receiving educational assistance, such as VA Benefits, please list below: _____ _____

Course Code and Title	Time(s)	Day(s)

By affixing my signature below I certify that I have read and understand the Tuition Waiver Policy (*See Paine College Manual: Volume III*). Falsification of information may result in removal from the program and disciplinary actions up to and including termination and/or prosecution.

PLEASE DO NOT SIGN OUT OF ORDER.

1. Employee Signature	Date
2. Supervisor	Date
3. Appropriate Vice President	Date

4. Director of Human Resources	Date
5. Director of Financial Aid	Date
6. Vice President Admin. & Fiscal Affairs/CFO	Date



Please return to the Office of Human Resources, after all signatures have been obtained, prior to the first day of class.

REV. 8/2016