

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-5065.A
Employee Tuition Waiver Application**

REFERENCE: SCP-5065, *Awarding of Undergraduate Tuition and Fee Waivers*;
SCP-SIP2165, *Educational Release Time for Classified Employees*

Instructions to Employee: All full-time regular, benefits eligible employees seeking an Employee Tuition Waiver for themselves or eligible dependent(s) as defined by SCP-5065, must complete this form and submit it to the Office of Student Financial Assistance prior to the beginning of the semester. A separate form must be completed and filed for each eligible individual. A new form must be completed and filed each semester for which a tuition waiver is requested. Student fees (i.e., ~~course lab fees, wellness fee, etc.~~) are ~~not~~ covered by this waiver except textbook fees and must be paid by the student by the due date for the term in which the student is enrolled. Employees should assure that the dependent for whom they are requesting tuition benefits has (1) completed high school or earned a GED, is not married, and is less than 24 years of age on the first day of classes of the term for which he/she wishes to register for which the tuition waiver is provided; and (2) completed an admissions application to Southern.

Semester and year waiver will be applied : Fall Spring Summer 20____(year)

Student Name (If waiver is for eligible dependent, employee information is also required)

Student ID Number or SSN

Relationship to Employee: Self Spouse Dependent Child

_____ High School/GED Graduation Date

Does applicant hold a college degree? Yes No If yes, highest degree held: Associate Bachelors Masters or above

Employee Name (If student is eligible dependent)

Employee ID Number

CRN	Dept.	CRS No.	Section	Course Title	Days	Time	CR.

Enrollment in Course Conflicts with Regular Work Hours (Classified Employees Only): If enrollment in a course conflicts with the regular working hours of a classified employee, the supervisor's prior approval is required as specified in SCP-SIP-2165.

This must be obtained before the employee submits this form or registers for the course.

Supervisor's Signature

Date

Unit Supervisor's Signature

Date

I certify that I am eligible for this tuition waiver for myself and/or eligible dependent(s), and that I may be subject to loss of benefit for providing false information.

Employee Signature: _____

Date: _____

Verification of eligibility for tuition waiver: Approved Denied Verification Completed by _____ Date _____

COURSE REGISTRATION: Completing this form does not enroll the applicant in the desired course(s). Enrollment is the applicant's responsibility. See the registration website at www.southernwv.edu for complete information.