



Employee Tuition Waiver Benefit Application - Summer 2024

Name _____	University ID# _____	Hire Date _____
Department: _____		Job Title: _____
If Part-time Employee, please indicate hours worked per week _____		

Dependent/Spouse Information (Required if student is not the employee)

Name _____	University ID# _____
Relationship to employee _____	Date of Birth _____

ENROLLMENT

- Summer 2024 _____ Hours, or
 - Session 1 _____ Hours
 - Session 2 _____ Hours

Last Full Semester Registered _____

PROGRAM INFORMATION

Undergraduate and Graduate	The following are waived: 50% employee/25% Dependents
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> ED.D
<input type="checkbox"/> M.ED	<input type="checkbox"/> Ph.D.
<input type="checkbox"/> MBA	<input type="checkbox"/> DNAP
<input type="checkbox"/> M.S. Counseling	<input type="checkbox"/> MFT Ph.D.
<input type="checkbox"/> MFT M.A.	<input type="checkbox"/> MSNA
<input type="checkbox"/> MFT MSMF	
<input type="checkbox"/> Non Degree Seeking	

Employee _____ **Date** _____
My signature reflects acknowledgment that I am responsible for ensuring payment of fees for all covered parties, including spouse, children and myself.

Employee's Supervisor _____ **Date** _____

ALL WAIVER APPLICATIONS MUST HAVE A CLASS SCHEDULE ATTACHED.

EMPLOYEE MUST FORWARD TO HUMAN RESOURCES FOR APPROVAL BY: May 6, 2024

This section for HR use only.

_____ % Tuition Approved

Authorized HR Signature _____ **Date** _____

Please complete this section if the student is a dependent (spouse/child) of the Texas Wesleyan Employee:

Pursuant to the Family Educational Rights and Privacy Act (FERPA) (34 CFR Part 99), the undersigned hereby authorize Texas Wesleyan University to release or share only the following financial and education records to the Texas Wesleyan University employee as a dependent/spouse of the employee as it directly relates to this benefit:

- Information regarding the existence and amount of any tuition waivers that I receive as a result of my status and/or my parent's or spouse's status as an employee of The University.
- Information regarding my academic schedule at The University for the term in which I am applying for the benefit.

I understand that I have the right to receive a copy of such released records upon request. I further agree and acknowledge that I have read and fully understand this release, and that I have signed this release and granted my consent to the disclosure of this tuition waiver information freely and voluntarily.

_____ Student's Signature	_____ Date
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