GRCC Tuition Waiver Benefit Form

Submit this form **no later than 7 days prior** to the posted tuition due date. The tuition waiver form must be completed for each semester you are requesting tuition benefits. Dependent documentation is required, if not already on file. Please refer to your employee contract for details on tuition waiver benefit and age restrictions. Adjuncts, please refer to the faculty contract "tuition waiver" section for details on eligibility. Submit form to the HR/Benefits office (2nd floor, Administration Building DeVos Campus) or via email to mherrerabelmares@grcc.edu.

Employee Informa	tion		
Employee Name:	Empl	loyee ID#:	
Employee Group:			
Employee Status:	FT PT Are you on a leave of absence? No	Yes	
*If you are a GRCC e	mployee and are married to another GRCC employe	ee please complete the info	ormation below:
Spouse Employee Na	me: Spouse Employee	ID#:	
Spouse Employee Gr	oup: Spouse employee	Status: FT PT	
Student Information	on		
Self Spouse	Child		
Student Name:	Stud	lent ID #:	Student DOB:
Dependent Childre	en Age 24 and Over		
below I attest that the change during the year	ld, age 24 or older, qualifies. You may skip this section e following statements are true, and I agree to notifiear: tudent is my son, daughter, stepchild, foster child (le	fy GRCC's Human Resource	es Department if any answers
	tudent had gross income for the year of less than a coor inflation). Please contact GRCC's Human Resource		
No Yes The s	tudent receives over one half of his or her support fr	rom me.	
	udent is unmarried or does not file a joint tax return w		
	these questions "No" or if you do not complete this section for you to taxable compensation to you equal to the amount of the tuin		ou will be taxed on the value of the tuition
Course Informatio	n (answer all questions)		
	Summer		
No Yes Is this tuition waiver request for Dual Enrollment Tuition? If yes, tuition waiver amount requested \$			
	tuition waiver request for Differential Tuition? If yes	· ·	tion below:
•	s Program Dental Program Tier II: Nursing Pro Course Title: Begii		ition Amount: \$
_	ourses for non-credited training certification? If yes,		
	Course Title: Begin	•	
	ts can be used for GRCC non-credited courses, if col amount that has been equated to 12 contact hours.		al Certification, benefit is subject to
Employee Signature:		Date:	:
HUMAN RESOURC	ES USE ONLY:		
Approved Deni	ed HR Signature:	Date:	
HR Notes:			

