



# Tuition Waiver Benefit Form

Note: Submit form no later than 7 days prior to the Posted Tuition Due Date. This waiver form must be completed for each semester you are requesting the Tuition Waiver Benefit. Dependent documentation is required if not already on file in the HR/Benefits office.

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_  
Last First M.I.

Employee ID: \_\_\_\_\_ Employee Group: \_\_\_\_\_

Employment Status:  Full-time  Part-time (Pro-rated) Are you on a leave of absence?:  Yes  No

Are you married to another GRCC Employee? If yes:

Name: \_\_\_\_\_ Employee Group: \_\_\_\_\_

## STUDENT INFORMATION

Semester: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Summer \_\_\_\_\_

Self  Spouse  Child

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is this tuition waiver benefit for Differential Tuition?  No  Yes (If yes, please complete information below)

Tier I:  Culinary Arts Program  Dental Program Tier II:  Nursing Program

Program Code: \_\_\_\_\_ Course Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_ Tuition Amount: \$ \_\_\_\_\_

Are courses for non-credited training certification?  No  Yes (If yes, please complete information below) \*Tuition Waiver

Benefit can be used for GRCC non-credited training courses, and must be towards National Certification, subject to maximum dollar amounts that have been equated from 12 contact hours.

Program: \_\_\_\_\_ Course Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_ Tuition Amount: \$ \_\_\_\_\_

**Employee Signature**

**Date**

\*Please review your bargaining unit agreement for details on Tuition Waiver Benefit.

Note: Once this form is completed, please forward to the Benefits Manager, Maria Belmares Herrera (2<sup>nd</sup> floor, Administration Building on DeVos Campus) or via email [mherrerabelmares@grcc.edu](mailto:mherrerabelmares@grcc.edu)

## HUMAN RESOURCES USE ONLY

Employee Eligibility:  Approved  Denied Dependent Eligibility:  Approved  Denied

Signature

Date

## CASHIERS OFFICE USE ONLY

Notes:

Signature

Date