



Tuition Waiver Request Form

Employee Name:

Dependent Name (if applicable):

MFA Program:

Application date:

Acceptance date (if applicable):

I understand that this tuition waiver is dependent on my continued employment at the College and my/my dependent's successful completion of the program requirements. I also understand that the tuition benefit (less the current federal government allowance) will be treated as a taxable fringe benefit and will be processed through payroll in order for the appropriate taxes to be withheld.

Employee Signature:

Dependent Signature (if applicable):

Date:

CFO Signature and date:

Semester approved for: