

Wilberforce University - Tuition Waiver

Please Print

A tuition waiver is requested for:

Employee Name: (Please type or Print)	Social Security No.	Name of Student if not Employee: (Please type or Print)	Social Security No.	Relationship to Employee
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Please fill out completely and return to the Office of Human Resources, Room 104 Wolfe Administration building prior to the first day of class.

<input type="checkbox"/> I certify that I have been a full time employee of Wilberforce University for at least one year.	<input type="checkbox"/> I certify that I have been a full time employee of Wilberforce University for at least two years and my dependent(s) is eligible for a tuition waiver.
<input type="checkbox"/> I will <input type="checkbox"/> I will not <input type="checkbox"/> be taking classes during regular scheduled work hours. (Note: Please fill out the class schedule below.)	<input type="checkbox"/> I or my dependent(s) has completed the FAFSA form in Student Financial Services. Attached is my most recent tax return listing all dependent(s)
If you are receiving educational assistance, such as VA Benefits, please list below:	<input type="checkbox"/> I certify that I understand that should I resign from the University within one year of completing a class, I will be responsible for repaying the University the full cost of taking the class.

Class Schedule

Course Name	Time	Day(s)

By affixing my signature below I certify that I have read and understand the Tuition Waiver Policy. Falsification of information may result in removal from the program and disciplinary actions.

Employee Signature Date

Supervisor Signature Date

Director of Student Financial Services Date

Director of Human Resources Date

CFO Date