



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT TUITION WAIVER REQUEST DEPENDENT

Appendix B

INSTRUCTIONS TO STUDENT: Complete the "STUDENT PORTION" of this form for each college that you plan to attend this semester. If you plan to attend more than one college, you must complete more than one form. Have the employee (your parent or spouse) complete the "EMPLOYEE PORTION." Please keep a copy for your records. Tuition waiver requests will only be honored through the semester in which the class ends.

INSTRUCTIONS TO EMPLOYEE: Complete the "EMPLOYEE PORTION" of this form, and return it to the student.

TO AVOID ANY DELAY IN YOUR REGISTRATION, PLEASE ATTACH YOUR PAYMENT TO THIS FORM FOR ANY FEES OWED IN ADDITION TO THE CREDIT HOUR COST. PLEASE FILL OUT THIS FORM COMPLETELY AND ACCURATELY, AND GIVE IT TO THE CASHIER AT THE COLLEGE WHERE YOU ARE REGISTERED.

STUDENT PORTION:

Name _____ Student ID or SS# _____ Date _____

College/center offering class: PC GCC GWCC MCC SCC RSCC SMCC CGCC PVCC EMCC MSC SWSC
Other MCCCDC Location (List): _____

COURSE INFORMATION:

Prefix & No.	Section No.	Cr. Hrs.

Prefix & No.	Section No.	Cr. Hrs.

STUDENT'S CERTIFICATION: I certify that I am spouse / unmarried dependent child (less than 24 years old) of _____, who is currently a regular, full-time, board-approved employee* of the Maricopa County Community College District.

Student Signature _____ Date _____

EMPLOYEE PORTION: Staff* Residential Faculty*

Name _____ Employ ID# _____ Date _____

Job Title _____ Job Location _____ Work Phone _____

EMPLOYEE'S STATEMENT OF CERTIFICATION, UNDERSTANDING, AND AGREEMENT: I certify that I am currently a regular, full-time, board-approved employee* of the Maricopa County Community College District and that the above-signed student is my spouse / unmarried dependent child less than 24 years old, who is claimed as an exemption for state and federal tax purposes. I understand and agree that the waiver for the above-listed class(es) is for the credit-hour cost ONLY (including out-of-county and out-of-state credit-hour costs); waiver for no other fee is expressed or implied by the acceptance of this request. Credit by examination or evaluation is not eligible for waiver. I understand that the eligibility of my spouse/unmarried child to receive a waiver is subject to verification. I understand that acceptance of this request by the College Cashier's Office does not imply that it has been approved. Eligibility will be based on state statute and MCCCDC policies & regulations. If it is determined that I am not eligible for a waiver, I understand that I am responsible for paying the full student cost of any courses that I am enrolled in as of the drop/add period for the course(s). Eligibility may or may not be verified prior to the end of the drop/add period.

*A regular, full-time, board-approved employee is an individual who is compensated at a 1.0 a FTE assignment, is governing-board approved, and covered by an appropriate policy manual. DEPENDENTS OF EMPLOYEES WHO ARE LESS THAN .99 FTE, TEMPORARY, ONE-YEAR-ONLY, OR ONE-SEMESTER- ONLY EMPLOYEES ARE NOT ELIGIBLE FOR TUITION WAIVERS.

Employee Signature _____ Date _____

IF THE EMPLOYEE IS CURRENTLY ON A LEAVE OF ABSENCE, APPROVAL TO ATTEND/PARTICIPATE IN THE ABOVE LISTED CLASS(ES) NEEDS TO BE APPROVED BY THE MANAGER OF EMPLOYEE RELATIONS OR DESIGNEE: I certify that this individual is a regular, board-approved employee who was compensated for a 100 percent assignment prior to the current leave of absence.

Employee Services Department Representative Signature _____

College Personnel/ Fiscal Office Use Only	<input type="checkbox"/> Job = BRS subcode 69064 [Faculty]	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
	<input type="checkbox"/> Job = BRS subcode 69062 [Staff - MAT, PSA, Crafts, M&O, Specially Funded, Skill Center]	Verification completed by _____ Date _____	