Concordia University Wisconsin

Financial Aid Office
Human Resource Office

Tuition Waiver Request Form

Must complete every academic year

Name of Employee _____ Employee ID number FO _____

Employee Status (circle one) Full-time Part-Time Employment start date _____

Department/Position _____ Campus Phone No. _____

Name of Student
(If not the employee) _____

Student ID Number _____

Relationship to employee _____

Indicate the School Year: **20____-- 20____**

Indicate the Semester(s) and number of credits: _____ **Fall** (September to December 31)

_____ **Spring** (January to April 30)

_____ **Summer** (May to August 31)

Required Signatures:
(*In Order*)

Employee _____ Date _____

Supervisor _____ Date _____
(Only required for an employee/student)

Director of Human Resources _____ Date _____

Director of Financial Aid _____ Date _____

___25% ___50% ___75% ___100%

HR 1/19/07