



**CONCORDIA
UNIVERSITY**
Ann Arbor, Michigan

Financial Aid & Human Resource Office
Tuition Waiver Request Form
 MUST COMPLETE EVERY ACADEMIC YEAR

Name of Employee

Employee F00#

Employee Status

Employment Start Date

Department/Position

Campus Phone No.

Complete if Waiver is for Dependent Child or Spouse:

Name of Student
(If not the employee)

Student F00#

Relationship to Employee

Indicate the School Year:

Indicate the Semester(s) and number of credits:

Fall

Spring

Summer

Required Signatures:

(In Order)

Employee

Date

*Save, and send
to Supervisor*

Supervisor

Date

(Only required when waiver is for employee)

Director of Human Resources

Date

Director of Financial Aid

Date

Waiver %
(Office use only)

50%

70%

80%

90%