



Prescott College TUITION WAIVER REQUEST

2008/2009

For consideration, please complete and submit this form to the **Human Resources Department** prior to **March 10, 2008**, for the following Academic Year (Fall 2008 through Summer 2009)

Employee Name: _____

Student Name: _____

Student Relationship to Employee: Self Spouse Dom. Partner Dep. Child

RESIDENT DEGREE PROGRAM	
Anticipated Enrollment Periods: (check all that apply)	Anticipated Student Academic Load Per Term:
<input type="radio"/> Fall Block <input type="radio"/> Fall Quarter <input type="radio"/> Winter Block <input type="radio"/> Spring Quarter <input type="radio"/> Summer Block <input type="radio"/> Summer Quarter	<input type="radio"/> Part Time (6 credits) <input type="radio"/> Part Time (12 credits) <input type="radio"/> Full Time (18+ credits)
Indicate Student's Insurance Status:	Please List Any RDP Independent Studies:
<input type="radio"/> Student Purchased College Accident Insurance <input type="radio"/> Proof of Other Insurance Coverage Provided to Business Office <input type="radio"/> Covered Under Employee's United Health Care Medical Insurance	_____ _____ _____

ADULT DEGREE PROGRAM	
Anticipated Enrollment Periods: (check all that apply)	Anticipated Student Academic Load Per Term:
<input type="radio"/> Fall <input type="radio"/> Spring ----- <input type="radio"/> Winter <input type="radio"/> Summer	<input type="radio"/> Part Time (____ Number of Estimated Credits) <input type="radio"/> Full Time (____ Number of Estimated Credits)

MASTERS OF ARTS PROGRAM	
Anticipated Enrollment Periods: (check all that apply)	Anticipated Student Academic Load Per Term:
<input type="radio"/> Fall <input type="radio"/> Spring	<input type="radio"/> Part Time (____ Number of Estimated Credits) <input type="radio"/> Full Time (____ Number of Estimated Credits)

I have read the Tuition Waiver policy and understand submittal of this form does not guarantee approval. I understand the limitations of the policy and the tax implications of tuition waiver/assistance.

Employee Signature: _____ Date: _____

<< HR / BUSINESS OFFICE USE ONLY >>			
Verified: <input type="radio"/> EEE Eligibility <input type="radio"/> Student Eligibility		Financial Services: _____ Date: _____	
Human Resources: _____ Date: _____			
Amount of Tuition Waived/Paid by PC			
FALL \$	WINTER \$	SPRING \$	SUMMER \$

Copy to Student Billing Copy to Financial Aid Receipt email to EE Award email sent to