

Manual Tuition Waiver Request Form

Use this form to request a tuition waiver for a:

- Retired DePaul University employee
- Dependent of retired DePaul employee with tuition benefits
- Unrelated Second Domiciled Adult (SDA) of a full-time employee
- Special arrangement with DePaul University
- Other _____

Employee's Name: _____

Employee's SS#/Employee ID number: _____

Dependent's/Second Domiciled Adult's Name: _____

Dependent's/Second Domiciled Adult's Student ID Number: _____

If waiver is for a dependent, please specify designation: Spouse Child

Academic Year: _____/_____
Year/Year

Student Status:

Undergraduate Graduate

Term:

Fall Winter Spring Summer I Summer II

December Law Fall Law Spring Law Summer

How many credit hours are you requesting be waived for the term indicated above? _____

Please list the following information for the courses your tuition waive is to be applied for the above term:

| Course Number | Course Name | College/School | Term/Year |
|---------------|-------------|----------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

Employee's Signature: _____

Date: _____

Dependent's/SDA's Signature: _____

Date: _____

Supervisor/Manager Signature:
(If applicable) _____

Date: _____

Human Resources Approval: _____

Date: _____

For more information regarding the tuition waiver program, please refer to the tuition waiver policy located on the university policies and procedures website at <http://policies.depaul.edu>.