

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>.