

WVNCC FULL-TIME EMPLOYEE AND ELIGIBLE DEPENDENT TUITION AND INSTITUTIONAL FEES WAIVER REQUEST FORM

To request an employee or employee eligible dependent tuition and institutional fee waiver, complete the information below and submit the completed form to the HR Office.
A separate form is needed for each individual and each semester.

Employee Name: Work phone #

I am requesting a waiver for:

Employee

Dependent Dependents Name: Relationship:

Birth Date High School Student Yes No

Semester **Student ID##** **GPA**

CRN	Course Name	Credit Hours
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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Employee's Signature:

I verify that all information listed above is accurate and true. By signing this waiver request, I authorize the Human Resources Office the approval to review the student records for the requested individual listed above for determining eligibility.

Approvals:

Approved

Denied

Chief HR Officer Date

Comments:

Business Office Use Only

I certify the requested waiver has been posted to the student account listed above.

Date

Return original to the Human Resources Office.