



Tuition Waiver Form

Employee Name Rocket I.D. #
Main Campus Employee Health Science Campus Employee
UT Retiree BGSU Employee

Is waiver for:
Self (Active Employee Only) Fall
Dependent Spring Year
Spouse Summer

Dependent/Spouse Information
Dependent/Spouse Name Date of Birth mm/dd/yy Rocket I.D. #
**Only if Waiver applies to Dependent/Spouse
Check All That Apply:
Undergraduate In State
Graduate Out of State
Law

For Dependent Child Waivers Only If you answer NO to any of the below, your dependent child is not eligible for the tuition waiver benefit
Is the Dependent: Age 24 and Under?
Unmarried?
Claimed as IRS Dependent on Your Taxes?

Employee Signature Date

HR USE ONLY table with columns: Employee Group, Amount Authorized, Entered By, Date Entered

Please send completed forms to benefits@utoledo.edu