

SPOUSE / DEPENDENT APPLICATION FOR TUITION WAIVER

AC AH AP CA CP CS FA FM LE LL PE/PT PS

Spouse/Dependent's Name _____ E-ID# _____

Employee's Name _____ E-ID# _____

Home Address _____ Date of Hire _____

Employee's Department _____ Phone Number _____

APPLICATION FOR ONE-HALF WAIVER FOR CALENDAR YEAR: _____ Fall Winter Summer
(A new application is required for each term.)

Name of Class	Number of Undergraduate Credit Hours
Total Number of Credit Hours:	

- **Changes in credit hours requested must be made in writing to the Benefits Office as soon as the change is made.**
- Failure to submit an application for approval before the 100% Drop Deadline will forfeit eligibility for that term.
- It is employee and spouse/dependent's responsibility to review the guidelines prior to submitting an application for tuition waiver.

IMPORTANT, READ BEFORE SIGNING:

I hereby agree that tuition waiver benefits are contingent upon my acceptance of the terms and limitations listed herein and on the Tuition Waiver Guidelines, and completion of all courses for which I register. Tuition waiver benefits will be forfeited and the employee and the student will be responsible to pay back the full cost to the university for any course for which waiver is granted if:

1. I fail to achieve a grade of "C" or above for courses, or "Pass" for courses utilizing the "Pass/Fail" option. (Grade of "C-" is unacceptable.)
2. I receive a mark of "Incomplete" ("I") and I do not convert this mark to a passing grade within one calendar year following termination of the semester in which the course was taken.
3. I receive a mark of "In Progress" ("IP") and/or "No Grade" ("N") and I do not convert this mark to a passing grade or an "Incomplete" within one semester following termination of the semester in which the course was taken.
4. I withdraw from my course(s) after the date specified in the Class Schedule Book for a 100% tuition refund.

FOR EMPLOYEE:

I verify that my spouse/dependents are currently covered as dependent(s) under my health or dental plan with the university; if not, I understand I must provide proof of marriage or IRS dependency to the Benefits (copy of tax form, birth/adoption certificate) in advance.

Signature of Employee _____ **Date** _____

Signature of Spouse/Dependent _____ **Date** _____

Email to HR_Benefits@emich.edu, or FAX to 734-487-7590