# TUITION WAIVER FORM

| Employee Name: | Employee ID: | Employee Group: |
|---|---|---|

Employment Status Full Time ☐ Part-Time ☐ (pro-rated)

Are you on a leave of absence: Yes ☐ No ☐

Semester: Fall_____ Winter_____ Summer_____

Student Information Self ☐ Spouse ☐ Child ☐

Name:_____ Student ID#_____

Are courses for non-credited training certification? No ☐ Yes ☐ (if yes please complete information below) *Tuition Waiver Benefit can be used for GRCC non-credited training courses, and must be towards National Certification, subject to maximum dollar amounts that have been equated from 12 contact hours.

Program: _____ Course Title: _____

Begin Date: Tuition Amount $

Are you married to another GRCC employee? If yes:

Name:_____ Employee Group:_____

Employee Signature:_____ Date: _____

***Please review your bargaining unit agreement for details on Tuition Waiver Benefit. An email confirmation will be sent to the employee once tuition wavier benefit eligibility has been verified. If you do not receive an e-mail confirmation before the posted tuition due date, employee must contact us immediately at (616) 234-4052, as the tuition waiver form may not have been received in our office and student classes will be dropped after the tuition due date.***

**Note:** Please forward this form to the Senior Benefits Coordinator, Maria Belmares Herrera (2nd Floor, Administration Building on DeVos Campus) or via e-mail mherrerabelmares@grcc.edu **Submit form no later than 7 days prior to the Posted Tuition Due Date**. This waiver must be completed for each semester you are requesting the tuition waiver benefit. Dependent documentation is required if not already on file in the HR/ Benefits office.

**HUMAN RESOURCES USE ONLY**

EMPLOYEE ELIGIBILITY ____APPROVED ___DENIED

DEPENDENT ELIGIBILITY ____APPROVED ___DENIED

IF DENIED, STATE REASON:

SIGNATURE_____DATE_____

**CASHIERS OFFICE USE ONLY**

TUITION AMOUNT APPROVED $_____

NOTES:

SIGNATURE_____DATE_____