

NORTHERN New Mexico College



TUITION WAIVER REQUEST

Employee Name: _____ Banner ID: _____

Employee Classification: Faculty Staff Full-Time Part-Time

Complete for Dependent Waiver:

Name of Student: _____ Relationship to Employee: _____

Social Security No. _____ - _____ - _____ Student Signature: _____

COURSE INFORMATION

Semester: Fall Spring Summer

Course #	Title	Credit Hours	Day	Time	Location	During Work Hrs?

Total Credit Hours: _____ Total Tuition Cost: \$ _____

TO BE COMPLETED BY FINANCIAL AID OFFICE

Verification of Dependency Status:

Was student claimed on employees Federal Income Tax Return? Yes No

Signature of Financial Aid Officer: _____ Date: _____

Supervisor/ Dean / Director

Date

Business Office

Date

Vice President

Date

VP of Finance & Administration

Date