

# NORTHERN New Mexico College



## TUITION WAIVER REQUEST (Rev AUG 2023)

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_

EMPLOYEE TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

EMPLOYEE CLASSIFICATION: (Select One)

\_\_\_ FACULTY      \_\_\_ STAFF      \_\_\_ FULL-TIME      \_\_\_ PART-TIME

TUITION WAIVER IS REQUESTED FOR:      \_\_\_ EMPLOYEE      \_\_\_ DEPENDENT

If requesting tuition waiver for a dependent:

DEPENDENT NAME: \_\_\_\_\_

RELATIONSHIP TO EMPLOYEE: (select one if requesting tuition waiver for a dependent)

\_\_\_ CHILD      \_\_\_ STEP-CHILD      \_\_\_ SPOUSE      \_\_\_ OTHER: \_\_\_\_\_

### COURSE INFORMATION

SEMESTER: (select one)      \_\_\_ FALL      \_\_\_ SPRING      \_\_\_ SUMMER

COURSE #	TITLE	CREDIT HRS	DAY	TIME	LOCATION	DURING WK HRS (Y/N)

TOTAL CREDIT HOURS: \_\_\_\_\_

TOTAL TUITION COST: \_\_\_\_\_

### APPROVAL PROCESS

1. EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

2. SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

3. HUMAN RESOURCES \_\_\_\_\_ DATE \_\_\_\_\_

4. STUDENT BILLING \_\_\_\_\_ DATE \_\_\_\_\_

5. FINANCIAL AID      DATE RECEIVED \_\_\_\_\_