



DEPENDENT TUITION WAIVER REQUEST

Student Name: _____ Student ID #: _____ DOB: _____

Employee Name: _____ Relationship to Employee: _____

The above employee dependent intends to register for _____ units for the:

Check one: Spring ☐ Fall ☐ Winter ☐ Summer ☐ 20__ Year

Request for Tuition Waiver: Date Submitted to CSEA: _____

(Should be 30 days prior to the start of the term, session or late start class)

CSEA Approval: _____ Date: _____

Signature

Print Name: _____

Date CSEA Submits to Financial Aid: _____

Student's Application for Financial Aid Submission Date: _____

(As a condition of receiving tuition free classes pursuant to this provision, students who are eligible to receive financial aid must first apply for it through federal and/or state financial aid. Financial aid and scholarship awards will be applied first prior to receiving the tuition free classes.)

Financial Aid Awarded:

☐ Yes ☐ No ☐ Other

Comments:

Director of Financial Aid: _____ Date: _____

Signature

Date Request sent to Vice President, Student Services _____

(Should be 15 days prior to the start of the term, session or late start class)

Approved by: Vice President, Student Services _____

Signature

Date: _____ Print Name: _____

Date Submitted to Admissions & Records Director: _____

Student Account Noted (to waive fees) by Admissions & Records Director: _____

Signature

Date: _____ Print Name: _____

Comments:

Revised: 5/7/2025