



Tuition Waiver Form

For MCC Employees, Spouses, and Dependents taking Courses at MCC and Statewide Institutions
(AFSCME employees/spouse/dependents taking courses outside of MCC must use Appendix F)

| | |
|--|--|
| Employee's NAME: | JOB TITLE and DEPARTMENT/DIVISION: |
| NAME OF INDIVIDUAL USING TUITION REMISSION: | RELATIONSHIP TO EMPLOYEE: Choose an item. |
| EMPLOYMENT CLASS: Choose an item. | DEPENDENT'S DOB (if Waiver is being used for Dependent): Click or tap to enter a date. |
| DATE OF HIRE: Click or tap to enter a date. | EMPLOYMENT SCHEDULE: Choose an item. |
| EMPLOYEE PHONE EXT. and BUILDING LOCATION/CAMPUS: | SUPERVISOR: |
| NAME OF STATE COLLEGE/STATE UNIVERSITY ATTENDING: | Type of Course: Choose an item. |
| NAME OF COURSE and COURSE NUMBER: | MEETING TIMES (Day/Time): |
| COURSE START DATE and SEMESTER: | JOB RELATED COURSE : Choose an item. |

If course is job related, why I feel this course/program is related to my job or will enhance my ability to perform my job responsibilities:

Immediate supervisor's comments (please be sure to include your recommendation for or against this request):

| | |
|---------------------------|---------------------------------------|
| EMPLOYEE SIGNATURE | DATE Click or tap to enter a date. |
| SUPERVISOR SIGNATURE | DATE Click or tap to enter a date. |
| HUMAN RESOURCES SIGNATURE | DATE Click or tap to enter a date. |

Please return form with employee and supervisor signatures to HR for final signature. HR will provide employee with copy of signed form to be submitted to Student Account's office. To ensure timely processing, form should be submitted prior to the start of the course.