

**THE ALABAMA COLLEGE SYSTEM  
EMPLOYEES' AND DEPENDENTS' TUITION WAIVER APPLICATION  
SOUTHERN UNION STATE COMMUNITY COLLEGE**

**EMPLOYEE**

EMPLOYEE NAME \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_ DATE OF FULL TIME EMPL \_\_\_\_\_

**DEPENDENT NAME** \_\_\_\_\_ **STUDENT NO.** \_\_\_\_\_

RELATIONSHIP TO EMPLOYEE: ( ) SPOUSE ( ) UNMARRIED CHILD ( ) UNMARRIED STEPCHILD

DOES THIS DEPENDENT LIVE WITH YOU? ( ) YES ( ) NO\*

\*IF NO, PLEASE EXPLAIN. \_\_\_\_\_

CHILD MUST BE LIVING IN EMPLOYEE'S OR EMPLOYEE'S FORMER SPOUSE'S HOUSEHOLD  
DURING TERMS OF NONENROLLMENT TO QUALIFY

INSTITUTION TO ATTEND \_\_\_\_\_ TERM/YEAR \_\_\_\_\_

COURSE NO/TITLE \_\_\_\_\_ CREDIT HRS \_\_\_\_\_

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COURSE NO/TITLE \_\_\_\_\_ CREDIT HRS \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE DATE

**EMPLOYER**

I certify that the above employee/dependent is entitled to receive the following tuition waiver:

TUITION WAIVER ( ) 1/3 ( ) 2/3 ( ) FULL

\_\_\_\_\_  
FINANCIAL AID OFFICER DATE

\_\_\_\_\_ has been approved to receive an employee tuition waiver

at \_\_\_\_\_ provided that he/she has maintained a 2.0 GPA and

has not previously received a tuition waiver for the above class(es).

\_\_\_\_\_  
PRESIDENT SIGNATURE DATE

**INSTITUTION TO ATTEND**

Student is approved for the waiver based on above certifications.

\_\_\_\_\_  
PRESIDENT SIGNATURE DATE