

SOUTHERN UNIVERSITY SYSTEM

CAMPUS		SUS	SUBR	SUNO	SUSLA	SUAREC		SULC-EXEMPT
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APPLICATION FOR SPOUSE / DEPENDENT'S TUITION WAIVER

Dependent Student's Name:							
Dependent Student's SSN:							
Mailing Address:							
Home Address, if different:							
Home Phone No.				E-Mail Address:			
Work Phone No.				Other:			
Cell Phone No.							
Parent/EMPLOYEE Name:							
Work Department:				Hire Date:			
Work Phone No.				Campus Location:			
Dependent Student's Academic Plan:		Major:				Minor:	
First Date Admitted:		Pursuing:		BA/BS	MA/MS	PhD	(circle answer)
Current Classification:		Other		Explain:			
Freshman	Sophomore	Junior	Senior	(circle answer)			
Special	Graduate	Other:					
Hours Completed:				Expected Date of Graduation:			
		Previous Colleges Attended:		Credit Hours Earned	Degree Received	Field	Years

•First time applicants MUST attach curriculum sheet* from catalog showing ALL courses to be taken in your program of study. •ALL other applicants MUST attach a copy of last grade report.*

Course Information (LIST ALL):			Semester:		Year:	
Title	No.	Credit Hrs	Title	No.	Credit Hrs	
1)			5)			
2)			6)			

*****EMPLOYEE'S CERTIFICATION*****

•By my signature, I _____ certify that applicant, _____
 SSN: _____ is my (spouse / dependent).
 •I am claiming the above spouse / dependent is an eligible dependent as a qualified dependent during
 during the calendar year in which the exemption WAIVER is requested. I also note that I may be
 required to attach documentation proving eligibility.

APPLICANT'S SIGNATURE	DATE	PARENT/EMPLOYEE'S SIGNATURE	DATE

NOTE: Submit this completed form and REQUIRED ATTACHMENTS* to the Human Resources Office after FEES have been assessed, along with a COPY OF BILLING STATEMENT.

THIS WAIVER IS APPLICABLE TO THE COST OF TUITION ONLY!