

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
Current Classification:		If Other Explain:▶			
Freshman	Sophomore	Junior	Senior		
Special	Graduate	Other:			
Explain:▶					

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)			3)			
2)			4)			

*****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

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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!


*****FOR UNIVERSITY'S USE ONLY*****

(REVERSE SIDE)

APPLICATION FOR SPOUSE/DEPENDENT'S TUITION WAIVER

Dependent STUDENT's Name:		▶	
SSN: ▶			
(1)	Total FEES Assessed		
(2)	Tuition AMOUNT		
(3)	Less Tuition Discount WAIVER (100% of Line 2)		
(4)	AMOUNT TO BE PAID (by Employee)		

****CHECKLIST OF THE REQUIRED DOCUMENTS****

	(Check ALL as Applicable)	DATE
(1) Application Complete	◀ INITIAL	◀ Renewal
(2) Marriage License	◀ Received	◀ On File
(3) IRS Section 152 proof qualify depend.	◀ Received	◀ On File
(4) Billing Statement	◀ Received	◀ On File
(5) Curriculum Sheet	◀ Received	◀ On File
(6) Grades - Prior Semester	◀ Received	◀ On File
(7) Social Security Card	◀ Received	◀ On File
(8) Driver's License	◀ Received	◀ On File

APPROVED BY:

VERIFIED BY:

				
Human Resources Staff	Date		HR Manager	Date

****COPY DISTRIBUTION (Make 4 Copies)****

	1	CASHIER (GETS ORIGINAL)
	2	HUMAN RESOURCES
	3	EMPLOYEE/STUDENT
	4	FILE

REMARKS/COMMENTS: