EMPLOYEE TUITION WAIVER REQUEST IMPORTANT: You are responsible to pay the tuition deposit and all ancillary and withdrawal fees. This tuition waiver covers tuition only. One tuition waiver form required for <u>each</u> semester. Completed forms are to be forwarded to Human Resources 4 weeks prior to course semester.														
STUDENT'S PERSONAL INFORMATION														
Last Name:						First Name:								
Address:						Student / Employee No:								
City:	Province:					Postal Code: Phone						e No.		
			CC	DURSE	INFOR	MAT	ION							
NAME OF PRO		YEAR:												
Check Appropriate Semester		Fall (Sept-Dec) Winter (J		an-Apr) S		Spring (May-June)				Summer (July-Aug)				
Name of Course		CRN#		COURSE	E DAYS	М	Т	W	R	F	TIME			
Name of Course		CRN#		COURSE	E DAYS	м	Т	W	R	F	TIME			
Name of Course		CRN#		COURSE	E DAYS	м	Т	W	R	F	TIME			
Name of Course		CRN#		COURSE	E DAYS	М	Т	W	R	F	TIME			
Name of Course		CRN#		COURSE	E DAYS	м	Т	W	R	F	TIME			
I acknowledge that I am responsible to pay for all ancillary and withdrawal fees associated with attending UNBC. I responsibility to register for all courses with the Registrar's Office and to advise them if I have withdrawn or failed the above number of courses. Student's Signature: Date:														
EMPLOYEE INFORMATION														
Cl	Directors & Executiv			e Exempt						Faculty				
Last Name:	First Name:			e:	Employee No:									
Job Title:						Dept./Program								
Student's Relationship to you: I hereby certify that I have read and that I and my dependent (if for spouse or child) meet the terms and conditions of the general the waiver policy and the collective agreement applicable to my employee group											ne general tuition			
Employee's Signature: Date: FOR UNBC EMPLOYEES TAKING COURSES														
If your course(s) require(s) release time from your normal working day, please indicate how you will make up for time off:														
Agree to this Work Arrangement and I confirm that the course(s) do not interfere with the employee's normal work hours.														
Supervisor Name			Supervisor Signat			ure					te			
TUITION WAIVER REQUEST APPROVAL														
Human Resourc		Date	Date											

Human Resources Copy

Finance – Cashiers Copy