

FEE WAIVER REQUEST
NEW ___ REVISED ___

Employee Name

Cougar ID

Department/Extension

**Financial Aid/Grants
Scholarships/Loans**

(PLEASE PRINT CLEARLY and FILL-IN ALL INFORMATION)

Employment Status: ___ Full time ___ ACF ___ Adjunct ___ Part-time (FWS not eligible)

If requesting a Spouse or Dependent Fee Waiver, complete information below and Column 2.
(Use separate forms if claiming Employee and Spouse/Dependent Waivers)

Student Name

Cougar ID

Relationship to Employee

**PSEO/Dual Enrollment
Invoice attached**

COURSE INFORMATION (Must be completed by ALL applicants)

TERM AND YEAR OF ENROLLMENT: SU_____ AU_____ SP_____ (Only one term per form)

Course Number	Title	Day & Time Offered	Credit Hours	Retake

Column 1 (Employee Waiver)

Instructional Fees	
Lab Fees	
Technology & Facilities Fee	
Matriculation Fee	
Online Course Fee	
Total Fees	
Percentage Eligible	
Waiver Amount	

Column 2 (Dependent/Spouse Waiver)

Instructional Fees	
Lab Fees	Not Eligible
Matriculation Fee	Not Eligible
Technology & Facilities Fee	Not Eligible
Total Instructional Fees	
Spouse/Dependent %	.75
Waiver Amount	

By signing below, I understand that this information may affect my eligibility for other financial aid and that this award will be added to my financial aid package. If I make changes to my schedule, I must complete a REVISED fee waiver request. I also understand that any amount of tuition waived cannot be claimed on any IRS income tax return since I am not paying the approved amount. I also certify that I have not previously been approved for a fee waiver for the same course in which I received a failing grade or withdrew beyond a date on which a fraction of the fees would be reimbursed. I accept that if this form is submitted beyond the deadline and I am assessed late payment charges or penalties due to re-registration I will be held responsible for these charges. Please refer to CSCC Policy and Procedures Manual, Policy No. 3-08 Fringe Benefits (Fee Waivers), for eligibility.

Supervisor Name (PLEASE PRINT) _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Student Signature _____ Date _____

(Dependent/Spouse Waiver ONLY)