

CU-DENVER
Faculty/Staff Tuition Waiver Form

Employee's Name (please print) _____

Social Security Number _____

Student Number (if different from above) _____

Job Title _____

Indicate employment classification: _____ Faculty _____ Staff

Percentage of Full-time Appointment:

_____ 1 - 16%	Eligible for 1 credit hour
_____ 17 - 33%	Eligible for 2 credit hours
_____ 34 - 50%	Eligible for 3 credit hours
_____ 51 - 66%	Eligible for 4 credit hours
_____ 67 - 99%	Eligible for 5 credit hours
_____ 100%	Eligible for 6 credit hours

Indicate Campus/School of Registration:

_____ CU-Denver	_____ CU-Health Science Center
_____ CU-Boulder	_____ Metropolitan State College
_____ CU-Colorado Springs	_____ Denver Community College

Term: _____ Summer _____ Fall _____ Spring _____ Year

Requesting _____ Tuition Hours to be Waived

Employee Signature _____

Employer _____

Department _____ Employee Campus Phone _____

Address/Campus Box _____

Employee's Supervisor (Please print) _____

Supervisor Signature _____

Records Office Approval _____

Required for CU-Denver employees enrolling at the above-named institutions

By signing this form you certify that the above information is correct, and that you have read the policy and restrictions stated on the reverse side. If you do not adhere to the published restrictions, you are financially responsible for the appropriate tuition.