

## H. Council Trenholm State Community College

<b>POLICY NAME:</b>	<b>Tuition Waiver</b>
<b>EFFECTIVE:</b>	
<b>REVISED:</b>	<b>May 23, 2016</b>
<b>APPROVED BY POLICY COMMITTEE:</b>	<b>Yes – May 23, 2016</b>
<b>APPROVED BY PRESIDENT'S CABINET:</b>	<b>Yes – May 25, 2016</b>

### **TUITION ASSISTANCE FOR FULL-TIME EMPLOYEES**

Full-time employees of state community, junior, and technical colleges and their dependents are eligible for tuition assistance. A dependent is defined as the spouse of any full-time employee, the unmarried, natural or adopted children of any full-time employee, residing in the household of the employee or the employee's former spouse; the unmarried stepchildren of any full-time employee, residing in the household of the employee. Dependents are eligible for waiver for a maximum of 5 years from date of employee retirement. This waiver is not available to temporary or part-time employees or persons serving as independent contractors.

To qualify, employees must have been employed by their respective community, junior, or technical college or the Alabama Community College System for a full academic year or at least 12 months, prior to the first scheduled day of class for the term for which the employee is applying. All eligible employees and their dependents will be allowed a waiver of one-third of the normally-charged tuition after the first year of employment, a waiver of two-thirds tuition after the second year of employment, and a waiver of full tuition after the third year of employment. This assistance is available for courses taught by postsecondary institutions under the direction and control of the Alabama Community College System Board of Trustees.

It is the responsibility of the employee and/or dependent to ensure that all documents and forms (requested by the college where the student is enrolled) are submitted and signed by the appropriate personnel in a timely manner prior to submission. It is also the responsibility of the employee to obtain the appropriate signatures from the Human Resources department at the institution of employment, Financial Aid department at the institution of attendance, and signature of the President at the institution of attendance. Any application packets for the assistance deemed as incomplete will cause a delay in the processing of the tuition waiver.

An Employees' and Dependents' Tuition Waiver Application is available on the college intranet and should be completed prior to registration for classes. A copy of the completed form must be maintained by the employing College and the College offering the courses, if different.

## EMPLOYEE AND/OR DEPENDENT TUITION WAIVER FORM

Employee's Name \_\_\_\_\_ (please print) Employee ID # & Position/Title \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Dependent's Name \_\_\_\_\_ Dependent's Student ID or SS# \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Employee: (check one)  
 Self    Spouse    Unmarried Natural or Adopted Child    Unmarried Step-Child    Legal Ward

Does the Dependent live with you?  Yes    No   With former Spouse?  Yes    No  
**(Dependents must reside in the household of the employee or the employee's former spouse. Exception: step-child must reside in the household of the employee)**

Institution to Attend \_\_\_\_\_ Term/Year \_\_\_\_\_

Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No

**I certify that I am familiar with the provisions of the Employee and/or Dependent Tuition Waiver policy and that the person(s) requesting the tuition waiver benefits qualifies as an eligible employee or dependent in accordance with the policy. (See reverse of form for policy and/or processing steps).**

**INITIAL BY EACH ITEM AND SIGN BELOW**

\_\_\_\_\_ All fees (other than portion of tuition waiver), books and supplies are the responsibility of the student  
 \_\_\_\_\_ Maximum of one audit per term  
 \_\_\_\_\_ Waiver does not apply to repeated courses  
 \_\_\_\_\_ Student must abide by the academic limitations and policies of the attending institution (including any course limitations)  
 \_\_\_\_\_ Unofficial Transcripts (and current course schedule) must be attached to this form

It is the responsibility of the employee and/or dependent to ensure that all documents and forms (requested by the college where the student is enrolled) are submitted and signed by the appropriate personnel in a timely manner prior to submission. Any packets deemed as incomplete will cause a delay in the processing of the tuition waiver. Please be sure to check with the college in which you are registered for courses to ensure the packet is complete.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor (if required) \_\_\_\_\_ Date \_\_\_\_\_

***This section to be completed by the Human Resources department at the institution of employment.***

Certification: Full Waiver \_\_\_\_\_ 2/3 Waiver \_\_\_\_\_ 1/3 Waiver \_\_\_\_\_ Full-time Employment Date \_\_\_\_\_ Date of Employee Retirement \_\_\_\_\_  
 \*Dependents are eligible for waiver for a maximum of 5 years from date of employee retirement.  
 Certifier Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employee's Institution: \_\_\_\_\_

***This section to be completed by the appropriate college official at the institution of attendance.***

Certification: Student's GPA is at least 2.0? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Certifier Name: \_\_\_\_\_ Title: \_\_\_\_\_ Dept/Division: \_\_\_\_\_ Date: \_\_\_\_\_

***This section to be completed by the President at the institution of attendance.***

Based on the certified information above, I hereby certify that \_\_\_\_\_ has been approved to receive all benefits granted under the Employee and Dependent Tuition Waiver Program for \_\_\_\_\_ hours at the institution of \_\_\_\_\_  
 President: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: