PERSONAL INFORMATION TO BE C	COMPLETED BY THE STAFF MEMBER		
Surname		First Name	
	University Department Address		
Student Number	Personnel Number	University Phone Number	

## ACKNOWLEDGEMENT

It is the student's responsibility to:

pay all incidental/ancillary fees; pay all academic fees not covered by the tuition waiver; SCS transfer and withdrawal fees

provide written notice of withdrawal to the faculty/school enrolled in, if withdrawing or dropping from a course. Final course eligibility may be verified with the Registrar or Fees Office.

pay the difference for eligible courses that are more than the eligible maximum waiver amount.

Staff Member's Signature

Date

Date

## SCHEDULING APPROVAL FOR ATTENDANCE DURING WORKING HOURS

Some part or all of the schedules for the course will be conducted during normal working hours. The appropriate departmental approval is below.

## Department Head's Signature

DEGREE/DIPLOMA/CERTIFICATE COURSES EXCLUDING COURSES TAKEN AT THE SCHOOL OF CONTINUING STUDIES Session: Specify Degree, Certificate, Diploma: (e.g., 2011 Winter)

SCHOOL OF CONTINUING STUDIES COURSES Course Number and Title of Course	Fee	Course Start Date Month/Year
	]	

## Waiver Form—Page 2

The percentage of waiver to which you may be entitled is dependent on: your staff category; employment date; percentage of employment; and the eligibility of the program of study.

FOR HR USE ONLY Employment Date/Retirement Date	Human Resources Tuition Waiver Authorized By:	
Employee Group	Signature	
	Print Name	
Program of Study	Divisional HR Office	
% Waiver		
Special Instructions	Divisional HR Office Phone Number	
	Date	
INFORMATION ON HOW TO GET YOUR STAFF TUITION WAIVER APPROVED	AND PROCESSED	
All Staff Tuition Waivers Requests must be approved by your Divisional Human Res Accounts Office or School of Continuing Studies.	ources Office prior to being sent to the Student	
All enquiries regarding Staff Tuition Waivers Requests should be directed to your Div	visional Human Resources office.	