REQUEST FOR TUITION WAIVER
FOR FAMILY MEMBER

TO: FSA Human Resources Department

DATE: ____________________________

EMPLOYEE’S NAME: ____________________________

(Please Print)

*Relative’s Name: ____________________________

(Please Print) ID Number

Relationship to Employee: ____________________________

I hereby request a tuition waiver to attend ____________________________

Course(s)** # credit hours ____________________________

for the purpose of ____________________________

Check one below:

☐ Evening Course(s)
☐ Day Course(s)
☐ Distance Learning
☐ Online Course(s)

Employee’s Signature ____________________________ Date ____________________________

Relative’s Signature ____________________________ Date ____________________________

Check one below:

☐ Fall Semester __________
☐ Spring Semester __________
☐ Summer Session __________
☐ Winter Session __________

Year

FSA President ____________________________ Date ____________________________

* Relative must be a member of the employee’s immediate family.
** Only credit bearing courses will be approved; include number of credit hours for each course.

Human Resources Administrator

FSA: Tuition Waiver-Family Member