

*This form is used by part-time faculty, part-time staff, retirees, their spouses or domestic partners and their dependents. All full-time faculty and staff should use the online Tuition Waiver Form found on myNEU. Before completing this form, please refer to the Tuition Waiver Program Guidelines. Be sure to include a Dependent Certification Form along with the submission of this form for any dependent children.*

## Section 1

Academic Term: \_\_\_\_\_ Academic Year: \_\_\_\_\_ Employee Status: ☐ P/T Staff  
(Fall, Winter, Spring, or Summer)\* ☐ P/T Faculty ☐ Retiree ☐ Other \_\_\_\_\_  
*\*Terms with multiple sessions are considered one academic term for tuition waiver purposes e.g., summer sessions I and II are considered one academic term.*

## Section 2

Student's Name \_\_\_\_\_ Relationship to Employee \_\_\_\_\_ Student's NUID \_\_\_\_\_  
Employee's Name (if different from Student's) \_\_\_\_\_ Employee's NUID \_\_\_\_\_  
Department \_\_\_\_\_ Campus Location \_\_\_\_\_ Phone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

## Section 3 *Indicate the applicable school or program:*

\_\_\_ Undergraduate Program \_\_\_ Law School (excludes employees) \_\_\_ Doctoral Candidate  
\_\_\_ College of Professional Studies (CPS) Undergraduate \_\_\_ Graduate School \_\_\_ CPS Graduate School

One course per academic term may be taken one-half hour before the end of your workday. If this applies to you, this form must be signed by your supervisor below and approved by Human Resources Management.

Complete the following course information. If you are an employee taking a job related course, please attach the Job Related Designation Form to this waiver.

Course No.	Course Name	Supervisor Signature	Credit Hrs.	Day(s)	Time
_____	_____	_____	_____	_____	_____ a.m./p.m.
_____	_____	_____	_____	_____	_____ a.m./p.m.
_____	_____	_____	_____	_____	_____ a.m./p.m.

## Section 4

*In accordance with Northeastern University's Tuition Waiver Program Guidelines, my signature attests that I am currently enrolled in the above courses, or that the student listed above is my spouse, domestic partner or unmarried dependent child or the dependent child of my domestic partner as defined under current IRS tax regulations. I also certify that I have read the Tuition Waiver Program Guidelines.*

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Section 5

HRM Approval \_\_\_\_\_

Date \_\_\_\_\_

Forms will be reviewed for completeness and eligibility. You will be notified if any additional information is needed. Mail completed form to **Human Resources, 250 Columbus Place** or fax to **(617) 373-7610**. All waivers must be received by HRM within 30 days of the course start date.