



Employee/Dependent Waiver Form
for UA Cossatot Credit Courses Only

Student Name _____ SS# or Student ID# _____

Student Address _____ City, State, Zip _____

Semester Enrolled*	Year	Number of Hours Enrolled	Type of Waiver
Fall			Full-Time Employee
Spring			Part-Time Employee
Summer			Adjunct
			Dependent/Spouse**

**A copy of the class schedule must be attached to this form.*

***If a Dependent/Spouse of an Employee, please provide a copy of the Parent/Spouses Current Tax Return showing Dependent Status with this form.*

Employee Signature _____ Date _____

For Human Resource Use Only

Status

- Full-Time Employee
- Part-Time Employee (employed at least 12 months and working average of 24 hours per pay period)
- Adjunct Faculty
- Dependent/Spouse (as verified by current tax return)
- Not Eligible

Human Resource Signature _____

For Financial Aid Use Only

Amount Awarded _____ Award Date _____

Financial Aid Signature _____