

**DALHOUSIE UNIVERSITY
APPLICATION FOR TUITION FEE WAIVER
FACULTY OR STAFF**

IMPORTANT NOTICE: Student Accounts deadlines are enforced. Late fees will apply.

PLEASE PRINT

Note:

- * Enter only ONE COURSE PER FORM.
- * See notes on waiver process on Procedures document or EOD website.
- * Only tuition amount is waived. Other fees will apply.
- * Ensure a departmental signature appears on each form submitted.
- * Please note Income Tax information on the Procedures document or EOD website.
- * Termination of employment will cancel any active Tuition Waiver.

SECTION I APPLICANT INFORMATION

ID#: **B** _____

Name: _____
Last Name First Name Initial

Department: _____

Phone #: _____ Year Hired: _____

Credit courses: I realize only tuition will be waived and other fees will apply. I agree to follow and be bound by the provisions of the Dalhousie Calendar and the regulations of the University. I agree to pay all other fees associated with my registration and enrolment at the University.

Applicant Signature: _____ Date: _____

SECTION II CREDIT COURSE INFORMATION (ONE course per form, or note name of Graduate program)

Term Starting Date	Check one: September ___ January ___ May ___	Year: _____
Course Number	e.g., PHIL 3401	Degree Program:
Course Name		

SECTION III NON-CREDIT COURSE INFORMATION

Course Name	
Course Date(s)	

SECTION IV JOB RELATEDNESS VERIFICATION (to be completed by the employee's supervisor or designate)

To satisfy the Canada Revenue Agency's requirements for job-relatedness, the course or degree program must be related to the actual duties that the employee performs.

This course/degree program is ___ job-related
 ___ not job-related

Unless the course content is critical to the performance of the employee's current duties, it is expected that time taken for classes during regular working hours will be made up at times suitable to meet the requirements of the department. For the course listed above, I confirm that:

___ hours of work will be made up
 ___ no accommodation is necessary; class time is outside of regular work hours

Department Signature: _____ Date: _____

SECTION V EMPLOYEE AND ORGANIZATIONAL DEVELOPMENT

Employee Group	Account Number _____ - 6390	Student Accounts Authorization
EOD Authorized Signature	Date	Taxable ___ Non-Taxable ___