

**FACULTY STUDENT ASSOCIATION
of
Tompkins Cortland Community College**

**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

FSA President Date

Check one below:

Year

- Fall Semester _____
- Spring Semester _____
- Summer Session _____
- Winter Session _____

* 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