



Shawnee State University

# Employee and Dependent Tuition Waiver/Payroll Deduction Form

Academic Year \_\_\_\_\_

Full-time Administrator    Part-time Administrator    Full-time Hourly    Part-time Hourly    Full-time Faculty    Adjunct Faculty

<b>EMPLOYEE SECTION</b>	Student Name (last, first, middle initial) _____		Student ID _____		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child		
	Employee Name (last, first, middle initial — if different from student's) _____			Employee ID _____		Department _____	
						<b>Yes</b>	<b>No</b>
	1. Student has prior B.S./B.A. degree.					<input type="checkbox"/>	<input type="checkbox"/>
	2. My/family adjusted gross income is over \$60,000.					<input type="checkbox"/>	<input type="checkbox"/>
	3. My/family adjusted gross income is less than \$36,000.					<input type="checkbox"/>	<input type="checkbox"/>
	4. I or my spouse/dependent pay/receive court ordered child support.					<input type="checkbox"/>	<input type="checkbox"/>
	5. I claimed the above named dependent on my tax form or the above is a legal dependent under IRS rules (may include spouse).					<input type="checkbox"/>	<input type="checkbox"/>
	6. I claimed the following number of exemptions on my tax form.					_____	
	7. My household has the following number of persons attending college.					_____	

**INSTRUCTIONS:** Submission of this form is required to receive SSU tuition waiver benefits. **For a new student:** Submit this form two weeks prior to the beginning of fall term or two weeks prior to the starting term. **For a continuing student:** Submit form two weeks prior to summer term or starting term.

All students must meet SSU admission and federal standards of progress guidelines. The Office of Financial Aid will make the final determination whether a FAFSA must be filed by a student. Approval of this request permits waiving of SSU tuition (includes general, instructional, technology, and out-of-state fees). The SSU employee receiving this benefit for him/herself or on behalf of a spouse or dependent is responsible for all other fees (lab fees, late fees, etc.) associated with each course.

**IMPORTANT:** My signature below authorizes the University to withhold from my pay any fees (including late fees) which have not been paid within 20 calendar days of the start of the term for myself, my spouse, or my dependents.

Employee Signature _____		Date _____
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<b>APPROVAL</b>	Account Number: <input style="width: 600px; height: 20px;" type="text"/>
	Dean/Chairperson/Director Approval: _____ Date _____
	President/Provost/Vice President Approval: _____ Date _____

<b>FINANCIAL AID</b>	<b>Fees/Aid</b>	<b>Summer</b>	<b>Fall</b>	<b>Spring</b>	
	Instructional Fees	_____	_____	_____	FAFSA _____
	General Fees	_____	_____	_____	
	Other	_____	_____	_____	
	Total Fees	_____	_____	_____	DOB _____
	Grants	_____	_____	_____	Cumulative Attempted Hours _____
	Fee Waiver	_____	_____	_____	
	Other	_____	_____	_____	
	Total Aid	_____	_____	_____	