TUITION FEE WAIVER APPLICATION
(Please PRINT when completing this form)

STUDENT DATA:
Name ___________________________________________ Student Number ______________________
Address __________________________________________ Date of Birth ______________________

Session
☐ Fall/Winter (Sept/April) ☐ Fall (Sept/Dec) ☐ Winter (Jan/April) ☐ Summer (May/Aug)

EMPLOYEE DATA:
Name ___________________________________________ Position _____________________________
Department ______________________________________ Date of Hire ________________________
Campus address __________________________________ Phone Extension __________________
E-mail address __________________________________________

Employee Category
YUFA/Exempt Osgoode YUSA CPM CUPE 3903 CUPE 1356
CUPE 1356-1 IUOE Research Assts/Assoc Retiree

Full-time permanent/sessional employees and their dependants need to complete this form once. All other employees
and their dependants must complete this form each academic year.

On behalf of
Self Spouse Dependant

Dependent children between age 21 and 25 must be enrolled full time (except for YUFA and Osgoode dependent
children) at York each academic year. The Tuition Fee Waiver will terminate at the end of the semester in which
the dependent child turns 25.

Having read the Tuition Fee Waiver Program Guidelines, I hereby certify that the information given in this
application is correct and complete.

Employee Signature _______________________________ Employee No. ______________________

To confirm eligibility for Tuition Fee Waiver, this application must be approved by the Department of Human Resources and made in accordance with the
terms and conditions of the York University Tuition Fee Waiver Program. The completed form must be received in the Pension & Benefits office prior to
the start of the course. The Tuition Fee Waiver will not be backdated. The Applicant is responsible for the payment of additional fees (i.e. late fees,
Health Plan fees, etc.). Questions regarding eligibility are to be directed to the Pension & Benefits Office.

Approval: Name ___________________________ Date ___________________

York University, Human Resources, Pension & Benefits Office, Kinsmen Building,
8 The Chimney Stack Road, Toronto ON M3J 1P3, Telephone 416-736-2100 extension 27572. You may scan and e-mail the completed form to
askpb@yorku.ca or fax it to 416-736-5703.