



# 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 \_\_\_\_\_