




WILLISTON STATE COLLEGE

Spouse/Dependent Request for Waiver:

1. INFORMATION BELOW TO BE COMPLETED BY EMPLOYEE					
EMPLOYEE NAME Click here to enter text.		EMPLOYEE ID # Click here to enter text.		SPOUSE OR DEPENDANT'S STUDENT ID Click here to enter text.	
EMPLOYEE EMAIL ADDRESS Click here to enter text.		EMPLOYEE MAILING ADDRESS Click here to enter text.			
CAMPUS OF EMPLOYMENT Choose an item.		CAMPUS OF ENROLLMENT Choose an item.		FOR NDUSO/CTS/OTHER ONLY Choose an item.	
2. TUITION WAIVER/ASSISTANCE REQUESTED THIS SEMESTER					
1 ST Course	Dept.	Title	Course #	Credit hours	Weekdays/time
2 nd Course	Dept.	Title	Course #	Credit hours	Weekdays/time
3 rd Course	Dept.	Title	Course #	Credit hours	Weekdays/time
3. EMPLOYEE SIGNATURE <i>(Employee signature required for all requests)</i>					
<i>I certify that I have read and understand the Dependent/Spouse Tuition waiver procedures and submit the following as proof of relation/dependency:</i>					
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<i>Further, I, as the employee acknowledge the following:</i>					
<ul style="list-style-type: none"><i>In accordance with federal regulations, the tuition waiver or assistance may be used as a financial resource and become part of the student's financial aid package. Financial aid may need to be adjusted if the amount of the tuition waiver or assistance, along with other financial aid, exceeds the total cost of attendance.</i>					
EMPLOYEE SIGNATURE <i>(Required)</i> : _____ Date: _____					
4. REQUIRED SUPERVISOR APPROVAL					
SUPERVISOR/DEPT. HEAD NAME Click here to enter text.					
SUPERVISOR/DEPT. HEAD SIGNATURE & DATE					
5. SUBMISSION					
Submit Completed Form to: 			The WSC Office of Human Resources		
6. ADDITIONAL INSTITUTIONAL APPROVALS					
MICHELLE REMUS, DIRECTOR OF HUMAN RESOURCES SIGNATURE & DATE					