

Semester/Session: \_\_\_\_\_ Year: \_\_\_\_\_ Waiver #: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Employee M#: \_\_\_\_\_  
 Department Name: \_\_\_\_\_ Org #(4-digit): \_\_\_\_\_

- Please read and complete the section below that applies to you. Submit all copies with approvals to the Registration & Records Office along with your completed registration form. This tuition waiver applies to tuition charges only. You must be employed by the College on the first day of the semester to use this tuition waiver. Please pay your fees at the Student Accounts Office before the start of the term. A failure to pay student fees may result in the denial of future tuition waivers.
- The College shall provide a tuition waiver program for all Faculty, their spouses, domestic partners, dependent children, dependent stepchildren, and retired faculty and their spouses. Employees who seek tuition waivers for individuals who do not meet the IRS definition of dependent may be required to report the value of the tuition waiver as income on the applicable tax return of the individual claiming/receiving the benefit. Please see the "MCC Dependent Tuition Waiver Eligibility" form for the IRS definition of qualified dependent. Employees should consult with a tax advisor regarding the taxability of any tuition waiver received from the College.
- This waiver duplicates the benefits of TAP (Tuition Assistance Program) and APTS (Aid to Part-Time Students) and, therefore, makes the student ineligible for these awards.

## Adjunct Faculty

In accordance with Article 32, Section F, of the current contractual agreement, I am requesting a tuition waiver for one course for myself.

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_

By my signature below, I certify that I have been teaching at the college for at least one semester.

Employee Signature: \_\_\_\_\_ Banner ID: \_\_\_\_\_

## Faculty Association Members / Administration Staff

In accordance with Article 49 of the current contractual agreement, I request a tuition waiver for:

Myself      Spouse      Domestic Partner      Dependent child/stepchild      Retired faculty or their spouse

By my signature below, I attest that I understand that there may be tax consequences for me or my dependent if the individual for whom I am seeking a tuition waiver does not meet the IRS definition of a qualified dependent. I understand that I am responsible for determining the taxability of the waiver.

Student Name: \_\_\_\_\_ Student M#: \_\_\_\_\_

Student DOB (if dependent child): \_\_\_\_\_ Contract      Non-Contract

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CSEA Member / Support Staff

NOTE: I understand that this request must be made five (5) weeks prior to the beginning of class for state aidable courses on a seat available basis.

I request a tuition waiver for:

Myself      Spouse      Domestic Partner      Dependent child/stepchild      Retired faculty or their spouse

By my signature below, I attest that the individual for whom I am seeking the tuition waiver is myself or meets the definition of a qualified dependent under the Internal Revenue Code.

Student Name: \_\_\_\_\_ Student M#: \_\_\_\_\_

Student DOB (if dependent child): \_\_\_\_\_ Employee Hire Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Human Resources Authorization \_\_\_\_\_