



# APPLICATION FOR WAIVER OF TUITION

Date: \_\_\_\_\_

**Association:**

- |                          |                                                                             |                          |                                                                                  |
|--------------------------|-----------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> | University of Saskatchewan<br>Faculty Association (USFA)<br>(Article 23.14) | <input type="checkbox"/> | Administrative and Supervisory<br>Personnel Association (ASPA)<br>(Article 12.4) |
| <input type="checkbox"/> | CUPE 1975<br>(Article 15.4.2)                                               | <input type="checkbox"/> | Exempt Staff                                                                     |

**Personal Information:**

Name: \_\_\_\_\_  
Employee  
ID Number: \_\_\_\_\_  
Student  
Number: \_\_\_\_\_

**Course Information:**

Course: \_\_\_\_\_  
Term: \_\_\_\_\_  
Session: \_\_\_\_\_

*ASPA / Exempt / CUPE Staff only: This Course is:*

- Personal Interest  
 Work related

**Please Note:**

Applications must be submitted prior to the fee payment deadline in order to avoid late penalties. Applications received after this date will be subject to late penalties. The final deadline for submitting applications is the last day of the term in which the benefit will be applied. Applications received after this date will not be considered.

I am applying for a waiver of tuition fees for the course, term and session under the Collective Agreement for my Association as indicated above. I am a member of the Association indicated above. I understand this waiver is for **tuition only** and that I am responsible for the payment of any related student fees.

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

Supervisor Signature: \_\_\_\_\_  
(Required for ASPA/Exempt/CUPE if course is work-related)

**Contact Information:**

Department: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Return completed form to:** Student Accounts, Room E40, Administration Building

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Do not complete below - Student Accounts and Treasury Only

**Student Accounts and Treasury Approval:**

Verified Eligibility: \_\_\_\_\_ Document Reference: \_\_\_\_\_  
Document Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

***COPY TO: Payroll Manager  
(if course is for Personal Interest)***