



**TUITION WAIVER/EXCHANGE PROGRAM REQUEST FORM  
SPOUSE/DEPENDENT CHILD OF EMPLOYEE**

Employee's Name: \_\_\_\_\_ Employee Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Employee E-mail Address: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_ Spouse \_\_\_\_\_ Child

Dependent's Soc. Sec. Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate (If Dependent Child): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

(City, State and Zip Code)

Telephone Number: \_\_\_\_\_

Student Status, at the time of enrollment: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Expected Enrollment Date (month/year): \_\_\_\_\_

Program of Study: \_\_\_\_\_ Undergraduate courses \_\_\_\_\_ Graduate courses

**ELIGIBILITY FOR WAIVER :**

1. Regular Full-Time or Regular Part-Time Employee (prorated) with one or more years of service.
2. Dependent Children are defined as natural-born, or legally adopted children, step-children, or children for whom you are a legal guardian.
3. Dependent Child is less than 26 years of age.
4. Student depends upon you for more than one-half of their support.
5. Primary residence of student is with you and has been for the past 12 months.
6. Eligibility for tuition benefits does not guarantee admission into Washington College or other Tuition Exchange institutions.

I certify that the above student is my spouse or dependent child as defined by the Internal Revenue Service and all the above statements are true. I agree to furnish documentation in support of the validity of the above statements, including, if requested, the top page of Federal and State Income Tax returns to confirm my claim of dependent status.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS:**

1. Complete form
2. Attach original invoice and supporting documentation, if requested.
3. Return form , invoice and supporting documentation to Human Resources.

\_\_\_\_\_  
Human Resources Approval

\_\_\_\_\_  
Date