



**Employee/Dependent Waiver Form**  
*for UA Cossatot Credit Courses Only*

Student Name

SS# or Student ID#

Student Address

City, State, Zip

Semester Enrolled

Year

Number of Hours Enrolled

Type of Waiver

- Fall  
 Spring  
 Summer

- Full-Time Employee  
 Part-Time Employee  
 Adjunct  
 Dependent/Spouse\*\*\*

**\*College Policy 447: All UA Cossatot waivers must be completed and filed with the Financial Aid Office before the census date of each semester in which enrolled or waivers will not be honored.**

**\*\*A copy of the class schedule must be attached to this form.**

**\*\*\*If a Dependent/Spouse of an Employee, please provide a copy of the Parent/Spouses Current Tax Return showing Dependent Status with this form.**

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

Date \_\_\_\_\_

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*For Human Resource Use Only*

Status

- Full-Time Employee  
 Part-Time Employee (working average of 24 hours per pay period) Adjunct Faculty  
 Dependent/Spouse (as verified by current tax return)  
 Not Eligible

Human Resource Signature \_\_\_\_\_

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*For Financial Aid Use Only*

Amount Awarded

Award Date

Financial Aid Signature \_\_\_\_\_