



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 _____

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 _____

For Financial Aid Use Only

Amount Awarded

Award Date

Financial Aid Signature _____