Flathead Valley Community College
Regular Employee Tuition Waiver

FVCC Board Policy, Chapter VI, Section 170: Tuition Waivers. All employees who are employed in a regular, permanent position at the College are eligible for the tuition waiver benefit. The employee's legal dependent may utilize the tuition waiver benefit. A dependent includes the employee's spouse as defined in the MUS Employee Benefits Plan, and financially dependent children under the age of 24 and as defined by the Internal Revenue Code. A maximum of two waivers may be used during a semester. Non-credit waivers are determined by the Continuing Education department. An employee must remain employed the entire academic term during which the tuition waiver is utilized. If an employee terminates his/her employment prior to the end of the academic term, the employee shall be required to repay the cost of the waiver.

EMPLOYEE INFORMATION			
Employee Name		**Student ID #**	
Employment Type	☐ **Administrator** ☐ **Classified**	☐ **Faculty** ☐ **Professional**	
Department			

EMPLOYEE ENROLLMENT REQUEST			
Semester	☐ **Fall** ☐ **Spring** ☐ **Summer 1**	☐ **Summer 2** ☐ **Summer Full**	
Course #/Title	**Days**	**Time**	**Credits**
Is the course(s) during your work day? ☐ Yes ☐ No			
Has your supervisor requested you take this course for work purposes? ☐ Yes ☐ No			
If the course is during the work day and voluntary then a Make-Up Time (MUT) Agreement and supervisor approval is required		**MUT Agreement attached** ☐ Yes ☐ No	
Supervisor Signature / Date			

DEPENDENT ENROLLMENT REQUEST			
Dependent Name		**Student ID #**	
Semester	☐ **Fall** ☐ **Spring** ☐ Summer 1	☐ Summer 2 ☐ Summer Full	
Course #/Title	**Days**	**Time**	**Credits**
Is dependent your legal spouse or a financially dependent child as defined by Internal Revenue Code? ☐ Yes ☐ No			
Proof of dependency attached ☐ Yes ☐ No			
Dependent child's age on 1st day of semester			

EMPLOYEE VERIFICATION
My signature below certifies that the above dependent meets the criterion established above. I understand that inappropriate use of this waiver will require repayment of the benefit and may lead to discipline, up to and including, termination.

Employee Signature / Date	
Human Resources Approval / Date	
Financial Aid Approval / Date	