This form is used by part-time faculty, part-time staff, retirees, their spouses or domestic partners and their dependents. All full-time faculty and staff should use the online Tuition Waiver Form found on myNEU. Before completing this form, please refer to the Tuition Waiver Program Guidelines. Be sure to include a Dependent Certification Form along with the submission of this form for any dependent children.

Section 1

Academic Term: ___________________ 
Academic Year: __________
Employee Status: □ P/T Staff □ P/T Faculty □ Retiree □ Other _______

*Terms with multiple sessions are considered one academic term for tuition waiver purposes e.g., summer sessions I and II are considered one academic term.

Section 2

________________________________  ______________________  ______________________
Student’s Name                    Relationship to Employee          Student’s NU ID

________________________________  ______________________
Employee’s Name (if different from Student’s)    Employee’s NU ID

Department  Campus Location  Phone Number  Supervisor’s Name

Section 3  Indicate the applicable school or program:

___ Undergraduate Program   ___ Law School (excludes employees)   ___ Doctoral Candidate
___ College of Professional Studies (CPS) Undergraduate   ___ Graduate School   ___ CPS Graduate School

One course per academic term may be taken one-half hour before the end of your workday. If this applies to you, this form must be signed by your supervisor below and approved by Human Resources Management.

Complete the following course information. If you are an employee taking a job related course, please attach the Job Related Designation Form to this waiver.

Course No.  Course Name  Supervisor Signature  Credit Hrs.  Day(s)  Time

__________________________________  ______________________  __________  _______  _______ am/p.m.

__________________________________  ______________________  __________  _______  _______ am/p.m.

__________________________________  ______________________  __________  _______  _______ am/p.m.

Section 4

In accordance with Northeastern University’s Tuition Waiver Program Guidelines, my signature attests that I am currently enrolled in the above courses, or that the student listed above is my spouse, domestic partner or unmarried dependent child or the dependent child of my domestic partner as defined under current IRS tax regulations. I also certify that I have read the Tuition Waiver Program Guidelines.

__________________________________  ________________
Employee’s Signature  Date

Section 5

HRM Approval  Date

Forms will be reviewed for completeness and eligibility. You will be notified if any additional information is needed. Mail completed form to Human Resources Management, 250 Columbus Place or fax to (617) 373-7610. All waivers must be received by HRM within 30 days of the course start date.