



Employee Dependent/Spouse Tuition Waiver Application and Policy

INFORMATION TO BE COMPLETED BY EMPLOYEE			
Employee Name		Employee ID#	Department
Student Name	Student Date of Birth	Student ID#	Term of Waiver (Complete Yr & check one) Year: 20__ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

A new form is required for each semester and should be submitted to the Financial Aid Office at least 30 days prior to the first day of the semester.

General Eligibility Criteria:

- The student must be a spouse or dependent child of a benefited employee.
- The student must be making satisfactory academic progress.
- The tuition waiver is equal to 50% of the actual tuition charged for **on-campus or distance education courses**. The student is responsible for the fees associated with the enrolled courses.
- Students using this waiver may not be eligible for certain scholarship programs offered through the college.

Dependent Child Criteria (employee must initial by each item):

I agree that my child qualifies for the Employee Dependent Waiver by meeting each of the following criteria:

- _____ Under the age of 24 as of December 31st of the current academic year.
- _____ Not married.
- _____ Working toward an undergraduate degree.
- _____ Not a veteran of the U.S. Armed Forces or currently serving on active duty.
- _____ Does not have a child for whom they provide more than half of their support.

Attach a copy of birth certificate or other government issued document that verifies parent/child relationship for first waiver request.

Spouse Criteria (employee initials required):

_____ I agree that the student identified above is my legal spouse as of the first day of the semester that the Spouse/Dependent Waiver is being requested for.

Attach a copy of marriage certificate to verify spousal relationship for first waiver request.

I certify that I have read and understand the Tuition Waiver policies as listed on page 2 of this application.

I authorize the release of any information, pertinent to decide eligibility for this request, to Human Resources & Payroll Services, Registrar's Office, and the Business Office. In the case of a family members request, I authorize release of information, pertinent to this request, to the employee. I have provided the required documentation of relationship.

Employee Signature _____ **Date** _____

Student Signature _____ **Date** _____

Benefited employee position verified.

Business Office Approval Signature _____ **Date** _____

Action by the Campus Dean: _____ Approve Tuition Waiver _____ Do Not Approve Tuition Waiver Date: _____

Return form to the Business Office, 1st Floor, Thatcher Hall

Dakota College at Bottineau
Spouse and Dependent Tuition Waiver Policy

The intent of this Tuition Waiver program is to encourage spouses and dependent children of benefited employees to attend and earn a degree from Dakota College at Bottineau.

Policy: Spouse and Dependent Tuition Waiver Policy and Procedure
Effective: July 1, 2017

The spouse and dependent children of benefited employees of Dakota College at Bottineau shall receive a 50% waiver of tuition using the criteria outlined below:

1. This waiver covers tuition only and does not cover fees or books.
2. Benefited employees who are the spouse or dependent child of another benefited employee are not eligible for this waiver.
3. Students using this waiver may not be eligible for certain scholarship programs offered through the college.
4. Spouses may earn one associate's degree, or up to 75 semester hours using this waiver.
5. Each dependent may earn one associate's degree or up to 75 semester hours using this waiver.
6. The student must be accepted for admission to DCB and make satisfactory progress as outlined in the academic progress requirements.
7. This tuition waiver is applicable to Distance Education courses normally offered by the college such as online, IVN, and correspondence.
8. The student must request the waiver prior to the tuition payment deadline. To request the waiver, student must complete the Dependent Tuition Waiver form and submit it for administrative action.
9. The employee must affirm the spousal/dependent relationship.
10. Any application for this waiver found to be fraudulent will cause the waiver to be void and the student will be charged the previously waived amount.

Please do not hesitate to contact the Business Office at DCB if you have questions concerning this policy.