

Office of Human Resources 1201 Wesleyan Street Fort Worth, Texas 76105 (817) 531-4403 817) 531-4402

Employee Tuition Waiver Benefit Application - Summer 2025

Name	University ID# Hire Dat	re	
Department:	Job Title:		
If Part-time Employee, please indicate hours worked per week			
Dependent/Spouse Information (Required if studer	nt is not the employee)		
Name	University ID#		
Relationship to employee	Date of Birth		
ENROLLMENT	PRO	PROGRAM INFORMATION	
Summer 2025Hours, orHoursHoursHoursHoursHoursHoursHoursHoursHoursHoursHoursHoursHoursHoursHoursHoursHoursHours	uring payment of fees for all covered parties, including		
mployee's SupervisorALL WAIVER APPLICA	Date ATIONS MUST HAVE A CLASS SCHEDULE AT	ITACHED.	
	TO HUMAN RESOURCES FOR APPROVAL This section for HR use only.	BY: May 6, 2025	
_	% Tuition Approved		
Authorized HR Signature	Date		
lease complete this section if the student is a dependent (spouse/	child) of the Texas Wesleyan Employee:		
ursuant to the Family Educational Rights and Privacy Act (FERPA) (3 he following financial and education records to the Texas Wesleyan Information regarding the existence and amount of any to employee of The University. Information regarding my academic schedule at The University and that I have the right to receive a copy of such released release, and that I have signed this release and granted my consent to	University employee as a dependent/spouse of the e uition waivers that I receive as a result of my status ar ersity for the term in which I am applying for the bene records upon request. I further agree and acknowledge	mployee as it directly relates to this bene nd/or my parent's or spouse's status as a efit. ge that I have read and fully understand t	
Student's Signature	Date		