



## Employee Tuition Waiver Benefit Application—Fall 2025

Name \_\_\_\_\_ University ID# \_\_\_\_\_ Hire Date \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

If Part-time Employee, please indicate hours worked per week \_\_\_\_\_

### Dependent/Spouse Information (Required if student is not the employee)

Name \_\_\_\_\_ University ID# \_\_\_\_\_

Relationship to employee \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### ENROLLMENT

- ☐ Fall 2025 \_\_\_\_\_ Hours, or  
☐ Session 1 \_\_\_\_\_ Hours  
☐ Session 2 \_\_\_\_\_ Hours

Last Full Semester Registered \_\_\_\_\_

#### PROGRAM INFORMATION

Undergraduate and Graduate	The following are waived: 50% employee/25% Dependents
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> ED.D
<input type="checkbox"/> M.ED	<input type="checkbox"/> Ph.D.
<input type="checkbox"/> MBA	<input type="checkbox"/> DNAP
<input type="checkbox"/> M.S. Counseling	<input type="checkbox"/> MFT Ph.D.
<input type="checkbox"/> MFT M.A.	<input type="checkbox"/> MSNA
<input type="checkbox"/> MFT MSMF	
<input type="checkbox"/> MS Comp Science	
<input type="checkbox"/> Non Degree Seeking	

Employee \_\_\_\_\_ Date \_\_\_\_\_

My signature reflects acknowledgment that I am responsible for ensuring payment of fees for all covered parties, including spouse, children and myself.

Employee's Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**ALL WAIVER APPLICATIONS MUST HAVE A CLASS SCHEDULE ATTACHED.**  
**EMPLOYEE MUST FORWARD TO HUMAN RESOURCES FOR APPROVAL BY: August 5, 2025**

This section for HR use only.

\_\_\_\_\_ % Tuition Approved

Authorized HR Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete this section if the student is a dependent (spouse/child) of the Texas Wesleyan Employee:**

Pursuant to the Family Educational Rights and Privacy Act (FERPA) (34 CFR Part 99), the undersigned hereby authorize Texas Wesleyan University to release or share only the following financial and education records to the Texas Wesleyan University employee as a dependent/spouse of the employee as it directly relates to this benefit:

- Information regarding the existence and amount of any tuition waivers that I receive as a result of my status and/or my parent's or spouse's status as an employee of The University.
- Information regarding my academic schedule at The University for the term in which I am applying for the benefit.

I understand that I have the right to receive a copy of such released records upon request. I further agree and acknowledge that I have read and fully understand this release, and that I have signed this release and granted my consent to the disclosure of this tuition waiver information freely and voluntarily.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_