Tuition Discount Request for Spouse and/or Dependent

Employee Name*: __________________________ 700# __________

*Employee must be benefits-eligible (0.75 FTE or greater)

Student Name: __________________________ 700# __________

☐ Spouse
I hereby affirm that the above student is my legal spouse as defined on Page 1 in the Employee Tuition Waiver and Spouse/Dependent Tuition Discount Policy. I will provide supporting required documents if not already available in the office of Human Resources.

☐ Dependent Child
To be eligible for tuition discount, the dependent child must under the age of 26. ‘Child’ includes a natural child, stepchild, child under court-ordered guardianship, adopted child, foster child and child of a civil union or domestic partner. A child is considered adopted if s/he is in the legal custody of the employee under an interim court order of adoption, whether or not a final adoption is ever issued. I will provide supporting required documents if not already available in the office of Human Resources.

Certification and Understanding

☐ I certify that all of the information stated above is true and correct in all respects.

☐ I understand and agree that Colorado Mesa University has the right to deny the tuition discount and/or impose discipline if any of the information on this Tuition Discount Request or as otherwise provided by me to the University is materially false, inaccurate, or misleading.

___________________________________________ Date: ______
Signature

Benefit Approval:
Is employee benefits eligible? ____Yes ____ No  Dependent verification is on file? ____Yes ____No
Employee FTE _____ Payroll Org _______ Administrative ____ Classified _____ Faculty ____
HR/Payroll Signature: ___________________________ Date: _________________

Controller Signature: ___________________________ Date: _________________