



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

**Employee must return the completed form to Human Resources, LHH 237
Or via Fax:970.248.1061**

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 _____