UNIVERSITY OF WYOMING **TUITION WAIVER**

Name of Employee	"W" #	
Employee Status (Required only if waiver is for a UW Spouse/Domestic Partner or a Qualifying Cooperating Agency employee.)		
Full-Time Par	t-Time	
Email Address		
Spring Semester	Summer Semester Fall Seme	ester 20
On	Campus Outreach School	
Indicate your eligibility:		
University of Wyoming Employ	ee Department	
Spouse/Domestic Partner of U	W Employee	
Name (student)	"W" #	
Qualifying Cooperating Agency		
The following must be completed for UW and Cooperating Agency Employees (not for spouses/domestic partners):		
Enrollment in Credit Hours Course Name:		
Class Schedule: M T	W Th	F
Supervisor recommends approval of wa	iver? 🗆 Yes 🗆 No	
If no, why?		
Supervisor Signature		-
* Appointing Authority Approval	Signature	_
-	Printed Name	_

Applications must be submitted to Accounts Receivable at Knight Hall, Room 172 or acctrecy@uwyo.edu. To ensure that the student is not dropped for non-payment, the approved waiver must be received by Accounts Receivable prior to the first day of the semester. Waivers will not be posted to the student's account until after the add/drop period, and do not apply to charges such as computing or online fees. UW Regulation 4-175 defines eligibility and benefits and is at http://www.uwyo.edu/generalcounsel/ files/docs/UW%20Reg%20Updates%202015/UW-Reg-4-175.pdf.

* Must be signed by a person with full appointing authority, not partial. A list of appointing authorities for each department is at http://www.uwyo.edu/hr/_files/docs/human-resources/Appointing-Authority-Chart.pdf.

For Accounts Receivable use only: Total Hours _____ Amount of Benefit \$_____