

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 _____ Part-Time _____

Email Address _____

_____ Spring Semester _____ Summer Semester _____ Fall Semester 20 _____

_____ On Campus _____ Outreach School

Indicate your eligibility:

University of Wyoming Employee Department _____

Spouse/Domestic Partner of UW 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 waiver? 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 acctrecv@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 \$ _____