



TUITION WAIVER REQUEST FORM

Center for Emergency Preparedness
 (XPS NON-CREDIT COURSES)
 Office: (567) 661-2411
 Fax: (567) 661-2976

Please print information clearly with black or blue ink

www.owens.edu/cep

Student name: _____

Student OCID: _____

* Employee name: _____

* Employee OCID: _____

(*If different than student name)

Name of course: _____

Date of course: _____ Course number: _____

Student named above is (check one of following):

- Employee Spouse of Employee Dependent child of Employee (claimed on tax return)

Employee named above is (check one of following):

- Full-Time Retired Adjunct Faculty Part-Time
 Deceased (while employed at Owens)

Employee is OFA/full-time bargaining unit member (check one of following):

If OFA bargaining unit member, refer to section 11.05.00 of the agreement

- Yes No

I hereby certify that all facts noted above are accurate to the best of my knowledge. Any falsification of facts may result in the denial of this benefit. If there is a balance due after the Fund Transfer, please indicate how payment will be made:

- By Student. Call CEP office to make payment. Registration will occur after payment is received by CEP.
 By Journal Entry. Please list account _____ and Budget Authority name _____

 Employee Signature

 Date

TO REGISTER, PLEASE FOLLOW THE STEPS LISTED BELOW:

1. Fund transfer request must be approved before registration.
2. Complete and send the original form to CEP, Attn: Debra Pratt or fax to (567) 661-2976, at least two (2) weeks prior to the start date of class.
3. Contact the CEP Office approximately one (1) week after processing the form to verify that the transfer of funds has been approved and the amount of fees transferred as a fringe benefit.
4. Registration can then be made for the class after your payment of balance due is received by CEP Office.

****PLEASE NOTE**** Some CEP classes have lab fees that you are responsible for, in addition to your part of the tuition.
If OFA Bargaining Unit Member, refer to Section 11.05.00 of the Agreement.

****OFFICE USE ONLY****

Fees:		HR Verified:	
Transferred as Fringe Benefit:		Date:	By:
Student Owes:		CC:	Student, BAO (Kaye), CEP
Account (check one):	<input type="radio"/> CONEDA <input type="radio"/> CEP <input type="radio"/> CONEDF	Original:	If not scanned send original to HR