

TUITION WAIVER APPLICATION

Please note that this form is not to be used by Contract Instructors (CUPE 4600-2) or Postdoctoral Fellows (PSAC 77000).

YEAR: _____ Summer* Fall/Winter*

STUDENT INFORMATION *This form must be submitted separately for Summer and Fall/Winter semesters.

STUDENT NAME		STUDENT #
DATE OF BIRTH	SOCIAL INSURANCE NUMBER*	RELATIONSHIP TO STAFF MEMBER
		<input type="checkbox"/> Spouse / Partner** <input type="checkbox"/> Dependent*** <input type="checkbox"/> Self

* The Social Insurance Number is required for income tax purposes where the student and the employee are different identities.

** Spouse is defined per the Family Law Act, RSO 1990

*** Dependent means someone under the age of 26 on the first day of the term and related to the employee by birth or adoption (unless otherwise stipulated in the collective agreement).

Further documentation as proof of eligibility may be requested for Spouse, Partners, and Dependents.

I understand that access to the Tuition Waiver Program will expire:

- On the date the employee terminates employment.
- The first day of the term during which a spousal applicant ceases to cohabit with a qualifying employee.
- The last day of the term during which a dependent child reaches their 26th birthday (or per collective agreement).

I also understand that if I am unsuccessful in a course, I am not entitled to any further tuition waiver until an equivalent subsequent credit is earned at my own expense.

I certify that I am entitled to participate in the Tuition Waiver Program and recognize that if I do not qualify for this benefit for any reason, I will be fully responsible for payment of the assessed fees.

SIGNATURE OF STUDENT	DATE

EMPLOYEE CERTIFICATION - *This section must be filled out if student is a Dependent or Spouse/Partner

I certify that I am employed by/retired from Carleton University and qualify for such benefits and that the foregoing statements relating to the applicant are true in all material respects.

EMPLOYEE NAME	BANNER ID	Employment status (pick one)
		Continuing <input type="checkbox"/>
		Term <input type="checkbox"/>
SIGNATURE OF EMPLOYEE	DATE	Casual <input type="checkbox"/>
		Contract <input type="checkbox"/>
		Retired <input type="checkbox"/>

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact Human Resources, Room 507 Robertson Hall, (613)520-2600 or at humanresources@carleton.ca.

Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.

This form and supporting documentation must be signed by the sponsoring employee and returned to the Human Resources Department (507 Robertson Hall or humanresources@carleton.ca) by the last day of fee adjustment (financial withdrawal) for the respective term, as per Dates and Deadlines posted by Registrar's Office here: <https://carleton.ca/registrar/registration/dates-and-deadlines/>

Important information about this program:

The University reserves the right to refuse an application where it deems that the applicant does not satisfy the eligibility requirements.

This waiver does not cover supplementary fees, textbooks or other sundry/ancillary fees associated with student enrollment; these are the student's responsibility. However, employees who are undertaking credit courses may be entitled to reimbursement under the External Training Policy (see Policy Manual Section C.4.1 (Part 3).)

In accordance with current income tax regulations, the value of the tuition waiver for a spouse or dependent is taxable to the student.

FOR OFFICE USE ONLY

BUSINESS OFFICE SIGN-OFF	DATE

CURRENT HIRE DATE*	EMPLOYEE CLASS	END OF TERM (IF APPLICABLE)	HR APPROVAL
<input type="checkbox"/> CUASA** <input type="checkbox"/> Retiree <input type="checkbox"/> LTD <input type="checkbox"/> CUPE 2424 <input type="checkbox"/> Admin. Tech. <input type="checkbox"/> Deceased <input type="checkbox"/> Temp/Replace <input type="checkbox"/> CUPE 910* <input type="checkbox"/> Other: _____ <input type="checkbox"/> Leave without Pay (Dates: From _____ To _____)			

* CUPE 910 employees must be employed for 3 years before spouses and dependents are eligible for free tuition.
 ** Coverage for CUASA dependents is only available until age 26.

COMMENTS