

YEAR: _____ Fall / Winter Summer Fall Only Winter Only

STUDENT INFORMATION

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.

I recognize that if I do not qualify for the free tuition 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/retired by 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
SIGNATURE OF EMPLOYEE	DATE

This form must be signed by the sponsoring employee and returned to Human Resources, 507 Pigiarvik, within two weeks from the date of registration.

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 the Director, HR Transformation and Technology, FIPPA Representative for Human Resources, Room 507 Pigiarvik, (613)520-2600, x8635. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.

FOR OFFICE USE ONLY

Human Resources 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"/> Non-Union <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 _____)			

* Coverage for CUASA dependents is only available until age 26.

COMMENTS