**Kentucky Community & Technical College System**
**Spouse / Dependent Tuition Waiver Form**

**Employee Name**_____**(circle one) Faculty or Staff**

**Employee Social Security Number**_____

**College Where Employed**_____

**Spouse/Dependent Name**_____

**Spouse/Dependent Student ID Number**_____

**If this waiver form is for use by a dependent please check any of the following that apply:**

_____ Will reach age 24 by December 31 of this year

_____ Is a graduate student

_____ Is a veteran of the United States Armed Forces

_____ Is married

_____ Is a ward of the court

_____ Has legal dependents other than a spouse who receive more than half of their support from this individual

**Based on the federal financial aid definition if you have checked any of the above this dependent is not eligible for the waiver program.**

**Term** (circle one) **Spring** **Summer** **Fall** **Year**_____

**College Attending**_____

**Student Status** (circle one) **Full Time** **Part Time**

**Total number of credit hours registered for this term** _____

I certify that the above is my eligible dependent or spouse, and is eligible for the waiver of six credit hours at the above institution and that I am a regular full-time employee under KCTCS personnel system policies.

_____
Employee signature Date

_____
Human Resources Signature Date

Original: College HR Office
CC: College Registrar
System HR Office