

**CALVIN COLLEGE / CALVIN SEMINARY EMPLOYEE  
APPLICATION FOR TUITION WAIVER\***

Employee Name: \_\_\_\_\_ Calvin ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Department: \_\_\_\_\_ Ext: \_\_\_\_\_

This is an application for: \_\_1<sup>st</sup> \_\_ Interim \_\_ 2<sup>nd</sup> \_\_ Summer semester, 20\_\_\_\_ (College)

Quarters: \_\_1<sup>st</sup> \_\_ 2<sup>nd</sup> \_\_ 3<sup>rd</sup> \_\_ 4<sup>th</sup>, 20 \_\_\_\_ (Seminary)

Course Name: \_\_\_\_\_ Number of Credit Hours \_\_\_\_\_

Please indicate your status below:

\_\_\_\_ I am a **full-time** employee at Calvin.

\_\_\_\_ I am a **regular part-time** employee.

_____ <b>Employee Signature</b>	_____ <b>Date</b>
_____ <b>Supervisor's approval</b>	_____ <b>Date</b>
_____ <b>Registrar's signature</b>	_____ <b>Date</b>

\_\_\_\_\_  
**Director of Human Resources' signature**

\_\_\_\_\_  
**Date**

\*All fields of this form are required. Incomplete forms will not be processed and will be returned to the employee for completion before processing by Registrar's Office and HR.