

**CALVIN COLLEGE / CALVIN SEMINARY EMPLOYEE
APPLICATION FOR TUITION WAIVER OR TUITION REIMBURSEMENT**

Employee Name: _____ Calvin ID #: _____

Home Address: _____

Department: _____ Ext: _____

This is an application for: __1st __ Interim __ 2nd __ Summer semester, 20____ (College)

Quarters: __1st __ 2nd __ 3rd __ 4th, 20 ____ (Seminary)

Faculty and Staff are eligible for Tuition Waivers or Reimbursements for various reasons. Please indicate below the reason for your application:

A. TUITION WAIVER

- ____ I am a **full-time** employee at Calvin.
- ____ I am a **regular part-time** employee.

B. TUITION REIMBURSEMENT

Note: Receipt and grade must be attached/submitted before your reimbursement will be processed.

- ____ I am a staff member taking an off-campus course to improve my technical skills.
- ____ I am an administrative staff member taking a course for professional development.
- ____ I am a resident director applying for one-half Tuition Reimbursement.

What school are you attending? _____

<hr/> Signature	<hr/> Date
<hr/> Supervisor's recommendation (for employees)	<hr/> Date

<hr/> Registrar's signature	<hr/> Date
Course Name: _____	Number of credit hours for this term: _____

Director of Human Resources' signature _____
Date