

**CALVIN COLLEGE APPLICATION FOR TUITION WAIVER
FOR THE SPOUSE OF A FULL-TIME CALVIN COLLEGE EMPLOYEE**

Spouse Name: _____ Calvin ID #: _____

Calvin Employee Name: _____

Home Address: _____

Phone Number: _____

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

Course Name: _____ Number of Credit Hours: _____

A. TUITION WAIVER POLICY

The spouse of a full-time college employee can audit, without charge, college courses other than laboratory courses, workshop courses, and courses in the applied arts. A waiver of one-half tuition is granted to the spouse of a full-time employee who takes a *college* course for credit, provided the spouse registers for the course *during the late registration period*. This partial waiver is limited to two college courses per academic year (generally one per semester).

B. TUITION WAIVER REQUEST

_____ I am the spouse of a full-time employee and want to audit the class at Calvin College free of charge.

_____ I am the spouse of a full-time employee and want to take a class at Calvin College for half-price.

C. SUBMISSION OF TUITION WAIVER REQUEST

Applications for spouse tuition waivers must be submitted within the semester that the class is being taken. All fields of this form are required. Incomplete forms will not be processed and will be returned to the Calvin employee for completion before processing by HR.

_____ Signature	_____ Date
_____ Registrar's signature	_____ Date

Director of Human Resources' signature

Date