



**Bethune-Cookman University**  
**Application for Tuition Waiver**  
**Academic Term: Summer 2026**  
**Deadline: May 22, 2026**

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**Instructions for Submission:**

1. Download form to your computer and open in Adobe Acrobat or Adobe Reader for full functionality.
2. Complete all sections of the Application.
3. Attach required documentation, including (add when submitting form to supervisor):
  - Proof of acceptance to BCU
  - Unofficial transcript confirming GPA
  - Confirmation of Federal Financial Aid application submission
4. Submit the completed application to your Supervisor on or before the Deadline Date.

**Employee Information**

1. **Name:** \_\_\_\_\_
  2. **Start Date of Employment:** \_\_\_\_\_
  3. **Employee ID #:** \_\_\_\_\_
  4. **Department:** \_\_\_\_\_
  5. **Position Title:** \_\_\_\_\_
  6. **Work Email:** \_\_\_\_\_
  7. **Work Phone Number:** \_\_\_\_\_
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**Dependent Information (If applicable)**

1. **Dependent Name:** \_\_\_\_\_
2. **Relationship to Employee:** \_\_\_\_\_
3. **Dependent Date of Birth:** \_\_\_\_\_
4. **Student ID #:** \_\_\_\_\_

**Academic Information**

**Program of Study:** \_\_\_\_\_

**University Enrollment Status:**

- Full-Time Staff (Teaching and Non-Teaching Titles)



**Current GPA:** \_\_\_\_\_

*(Attach the most recent unofficial transcript)*

**Number of Credit Hours Requested (up to 6):** \_\_\_\_\_

**Undergraduate**

- **Course Title** \_\_\_\_\_
- **Course Number** \_\_\_\_\_
  
- **Course Title** \_\_\_\_\_
- **Course Number** \_\_\_\_\_

**Graduate**

- **Course Title** \_\_\_\_\_
- **Course Number** \_\_\_\_\_
  
- **Course Title** \_\_\_\_\_
- **Course Number** \_\_\_\_\_

### **Eligibility Confirmation**

I confirm that:

- My (or dependent) application for admission to BCU has been accepted.
- I (or my dependent) have completed a minimum of one year of continuous employment with the university.
- I (or my dependent) have applied for Federal Financial Aid prior to submitting this application.
- I (or my dependent) meet the GPA requirement of 2.0 for undergraduates or 3.0 for graduates.
- I (or my dependent) am in good standing with the University.
- I (or my dependent) understand that this waiver only applies to a maximum of 6 credit hours per term

### **Certification and Authorization**

By signing this form, I hereby certify that the information I have provided is accurate. I have thoroughly reviewed and understood the tuition waiver policy. I acknowledge that any failure to adhere to the requirements of this policy may result in the denial or revocation of the tuition waiver.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Upon completion of the application, please forward the PDF document to your supervisor for their signature.



## Supervisor Approval

I have reviewed this application and verified that the applicant is an eligible employee under the University's tuition waiver policy.

**Supervisor Name:** \_\_\_\_\_

**Supervisor Title:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note to supervisor:** After approval, kindly proceed to use the button below to submit the document to HR.

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*---(Do not write below the dotted line)*

## Section G: Human Resources Use Only

- Date Received: \_\_\_\_\_
- Approved \_\_\_\_\_ Denied \_\_\_\_\_
- Reason for Denial (if applicable): \_\_\_\_\_

**HR Representative Name:** \_\_\_\_\_

**HR Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dependent #1 Eligible

Dependent #2 Eligible

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