



Bethune-Cookman University
Application for Tuition Waiver
Academic Term: _____

Instructions for Submission:

1. Complete all sections of the Application.
2. Attach required documentation, including:
 - Proof of acceptance to BCU
 - Unofficial transcript confirming GPA
 - Confirmation of Federal Financial Aid application submission
3. Submit the completed application to the Office of Human Resources or email hr@cookman.edu 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: _____



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: _____

(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
