



TUITION FEE WAIVER APPLICATION

(Please PRINT when completing this form)

STUDENT DATA:

Name _____

Student Number _____

Address _____

Date of Birth _____

Session Fall (September - December) Winter (January - April) Summer (May - August)

EMPLOYEE DATA:

Name _____

Position _____

Date of Hire _____

Phone Extension _____

E-mail address _____

Employee Category YUFA/Exempt Osgoode YUSA CPM CUPE 3903*
 CUPE 1356/1356-1 IUOE Research Assts/Assoc OPSEU

* Requires written confirmation from the Department of Faculty Relations, York University, 276 York Lanes, 416-736-5518

Fee Waiver is for: Self Spouse Dependant

Dependent Children – Please note conditions for Health & Dental benefits coverage

I have read the Tuition Fee Waiver Benefit Program and understand that in order to be eligible for health and dental benefits under my employee parent as a dependent child between the age of 21 and 25 I must maintain full-time enrollment in the Session(s) in which I enroll, which is defined as follows;

- 18 credits during the Fall/Winter terms (September to April)
- 9 credits in the Summer term (May to August)

I understand that benefits coverage will be discontinued effective the beginning of the session in which I dropped below the full-time enrollment requirements. I consent to the release of information regarding my enrolment activity by York University to my parent for the purpose of administrating my benefits coverage under my employee parent. The tuition fee waiver will terminate at the end of the session in which I turn 25.

Having read the Tuition Fee Waiver Program Guidelines, I hereby certify that the information given in this application is correct and complete.

Student Signature _____

Date _____

Employee Signature _____

Employee No. _____

To confirm eligibility for Tuition Fee Waiver, this application must be approved by the Department of Human Resources and made in accordance with the terms and conditions of the York University Tuition Fee Waiver Program and applicable collective agreement. The completed form must be received in the Pension & Benefits office **prior** to the start of the course. **The Tuition Fee Waiver will not be backdated.** Questions regarding **eligibility** are to be directed to the Pension & Benefits Office.

Approval: Name _____
(Faculty Relations / Human Resources as applicable)

Date _____