

Western New Mexico University
Employee Tuition Waiver

Full time employees are entitled to the dollar amount equivalent to eighteen (18) credit hours. Part time employees dollar equivalency is prorated according to the hours per week contracted to work.

Dependents of full time, regular employees (both staff and faculty) are entitled to the dollar amount equivalent to twelve (12) credit hours. Dependents of part time employees are prorated. ***Proof of dependency (Federal Tax Form) will be required.***

Adjunct faculty are entitled the equivalent of what they teach in a semester plus 3 credit hours. This will not exceed the dollar equivalent of eighteen (18) credit hours per year.

Graduate Assistants will be brought to instate tuition rates only.

The year will correspond with the fiscal year from July through June of the following year. One form should be filled out per semester.

This benefit may be used for credit classes only. The tuition waiver does not cover books, supplies, lab fees, or any other supplemental costs associated with the class.

Classes taken during the employees normal work day must be approved by the supervisor and appropriate Vice

President. Supervisor approval of working hour classes indicates that arrangements have been made for office coverage.

Follow the following procedure for using a tuition waiver:

- 1) Register for classes
- 2) Complete tuition waiver form
- 3) Provide Payroll with completed tuition waiver and proof of registration
- 4) Payroll will complete form and forward to business office for finalization.

Employee: _____ **SS#:** _____

Department: _____ **Faculty** **Staff** **Adjunct** **GA**

Student: _____ **Relationship:** _____ **SS#:** _____
(If other than Employee)

I am finalizing my enrollment at Western New Mexico University, if I choose not to attend I understand I must formally withdraw from the University. I understand that if the Employee Tuition Waiver does not pay all my charges related to this enrollment, I will be responsible for any balance due.

I have read and understand my rights and responsibilities as stated in this document.

Employee's Signature Student's Signature

Course Number	Course Title	Time	Days	Credit Hours	Semester
Total				Hrs/Fee	

Transaction Code: _____
(To be completed by Payroll)

Semester Code: _____
(To be completed by Payroll)

Supervisor's Signature (if applicable): _____ **Date:** _____

Vice President's Signature (if applicable): _____ **Date:** _____

Payroll Representative's Signature: _____ **Date:** _____