



## Tuition Waiver for Dependent Children Program – Application Form

This application form must be completed by both the registered student and the Fleming employee of whom the student is an eligible dependent as defined in Fleming's employee benefits plan. The form must be submitted to Human Resources no later than the Tuition Deposit deadline date. *A separate application form must be submitted for each eligible term.* Dependent students are only eligible for one waiver per term, regardless of the number of full-time employees employed by the College.

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### EMPLOYEE INFORMATION (This section to be completed by the employee)

**Full Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **CAMPUS:**  Sutherland  Frost  Haliburton

I certify that the above employee information is true and complete. My signature indicates that I consent to verification of the information provided by way of reference to my college employee record. My signature also indicates that I contractually agree to be governed by the rules and regulations of Fleming College's Tuition Waiver for Dependent Children Program and that I am aware that program information is available on the College's employee portal, or from the Human Resources Department.

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

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### STUDENT INFORMATION (This section to be completed by the registered student)

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fleming Email:** \_\_\_\_\_

**CAMPUS:**  Sutherland  Frost  Haliburton

**Program Name:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Semester (1 – 6):** \_\_\_\_\_

Do you plan to apply for OSAP assistance for this term?  Yes  No

Have you been in receipt of tuition waiver assistance in the past at Fleming College?  Yes  No

Are you eligible for tuition assistance from any other post-secondary institution for this term?  Yes  No

I certify that the above student information is true and complete. My signature also indicates that I contractually agree to be governed by the rules and regulations of Fleming College's Tuition Waiver for Dependent Children Program and that I authorize Fleming College to share my registration status with the College employee named in this application, including Accounting, for the purpose of administering the waiver only.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:**

The registered student will be issued a T4A for this benefit. Please ensure that your Social Insurance Number is on record with the Registrar's Office.

Students applying for OSAP must disclose their eligibility for Tuition Waiver funding on their OSAP application.

*After receiving acceptance from Fleming College into program of student, submit this completed form, with signatures, to the [Benefits Administrator](#), no later than the tuition deposit deadline date. Please attach a copy of your acceptance letter to your application. This will be used by Human Resources as proof of enrolment to maintain dependent status under the benefits program.*

**FOR OFFICE USE ONLY**

<b>Human Resources</b>	<b>Registrar's Office</b>
<p>Verification that student is an eligible dependent of the above-named employee: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Verification that employee has completed their probationary period: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, forward signed form to Registrar's Office for processing.</p> <p>If no, list reasons and attach to this form.</p>	<p>Student Status for semester: <input type="checkbox"/> Full-Time   <input type="checkbox"/> Part-Time   <input type="checkbox"/> Withdrawn</p> <p>Registration confirmed: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Program of study eligible for Tuition Waiver: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Tuition Waiver Approved Amount: \$</b> _____ Standard domestic tuition amount less tuition fee set-aside</p>
<p><b>Human Resources Representative</b></p> <hr/> <p>Name</p> <hr/> <p>Title</p> <hr/> <p>Signature</p> <hr/> <p>Date</p>	<p><b>Registrar's Representative</b></p> <hr/> <p>Name</p> <hr/> <p>Title</p> <hr/> <p>Signature</p> <hr/> <p>Date</p>

Original: Filed in Human Resources

Copies: Registrar's Office, Student

Information is collected in accordance with the Freedom of Information and Protection of Privacy Act and is used exclusively by the College for the administration of the Tuition Waiver for Dependent Children Program. Any questions about this authorization may be directed to Human Resources.