
Fleming College

APPLICATION FORM (BScN Program Applicants)

TUITION WAIVER FOR DEPENDENT CHILDREN PROGRAM

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.

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

Last Name	First Name	Middle Initial	Employee ID
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Department/School	Campus	Extension
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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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REGISTERED STUDENT INFORMATION (This section to be completed by the registered student)

Last Name	First Name	Middle Name	Phone No.
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Date of Birth (dd/mm/yy)	Program Name	Campus
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Student Number	Year	Fleming Term / Trent Term (1 – 8) (e.g. 18WI)	Trent University e-mail address
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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 and Trent University's Student Accounts Office for the purpose of administering the waiver, only.

Student Signature	Date
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Note:

The registered student will be issued a T4A from Trent University for this benefit. Please ensure that your Social Insurance Number is on record with the Trent University Student Accounts 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 study, submit this form complete with signatures to Human Resources, 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 in order to maintain dependent status under our benefits program.

FOR OFFICE USE ONLY

Human Resources	Trent University Student Accounts Office
<p>Verification that student is an eligible dependent of the above-named employee</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Verification that employee has completed their probationary period</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></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 term</p> <p><input type="checkbox"/> full-time</p> <p><input type="checkbox"/> part-time</p> <p><input type="checkbox"/> withdrawn</p> <p>Registration confirmed</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Program of Study eligible for Tuition Waiver</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Tuition Waiver approved in the amount of \$ _____</p> <p>(Standard Domestic Tuition amount less tuition fee set-aside)</p>
<p>HR Representative</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>	<p>Trent University Student Accounts Representative</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>

Original: Filed in Human Resources

Copies: Student Accounts Office – Trent University
Student