



# UNIVERSITY OF CONNECTICUT HEALTH CENTER TUITION WAIVER REQUEST FOR DEPENDENT CHILDREN

### Deadlines

Fall Semester ~ April 5

Spring Semester ~ October 5

Waivers not received by the Department of Human Resources by the above deadlines may incur Bursar fees.

## Part I. CERTIFICATION BY EMPLOYEE/PARENT

Please select as appropriate:

\_\_\_\_\_ *MANAGERIAL/CONFIDENTIAL*

\_\_\_\_\_ *UHP*

\_\_\_\_\_ *FACULTY*

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_

Job Title \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Department \_\_\_\_\_ Mailcode \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Year \_\_\_\_\_ / Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
(FIRST) (M.I.) (LAST) 7 characters for UCONN

Semester Standing \_\_\_\_\_  
i.e. Sophomore Year, 1<sup>st</sup> semester

### Campus (Select One):

- Avery Point
- Stamford
- Storrs
- Torrington
- Waterbury
- West Hartford
- University of Rhode Island
- University of Maine, Orono Campus

I hereby certify that the applicant requesting a waiver is my dependent child as defined by the IRS. I understand that I may be asked to submit a copy of the pertinent section of my income tax return and legal proof of my relationship with this individual at any time in the future. If this request is made, I agree to provide the information within three working days.

*[Please note that if not provided, the employee will be responsible for the total value of all approved dependent child tuition waivers.]*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

## Part II. CERTIFICATION BY THE DEPARTMENT OF HUMAN RESOURCES

This is to verify that the applicant is an employee of the University of Connecticut Health Center and is eligible for a \_\_\_\_\_% tuition waiver for the above named dependent child.

\_\_\_\_\_  
Erin Ransford – Department of Human Resources MC 4035

\_\_\_\_\_  
Date