



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

**Please type or print  
and forward to:**

UCONN HEALTH CENTER  
Department of Human Resources  
MC-4035 - Attn: Erin Ransford  
Farmington, CT 06034-4035

<b>FOR OFFICE USE</b>

**PARENTAL CERTIFICATION (to be completed by parent):**

I hereby certify that my (son, daughter) \_\_\_\_\_  
(FIRST) (M.I.) (LAST NAME)

\_\_\_\_\_ is my dependent, and will be a \_\_\_\_\_ semester  
(student's S.S. #)

student enrolled in an undergraduate degree program for the (FALL \_\_\_\_ SPRING \_\_\_\_)  
semester of 20 \_\_\_\_ at the University of Connecticut at \_\_\_\_\_.  
(location)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(must be that of parent)

PARENT'S NAME: \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
(print)

DEPARTMENT/SCHOOL \_\_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_

MAIL CODE - WORK ADDRESS: \_\_\_\_\_

TELEPHONE: Work \_\_\_\_\_ Home \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

\_\_\_\_\_  
Date  
Revised 8/06

\_\_\_\_\_  
Erin Ransford

\_\_\_\_\_  
Department of Human Resources