TUITION FEE WAIVER APPLICATION
(Please PRINT when completing this form)

STUDENT DATA:
Name_______________________________________ Student Number_____________________________________
Address_____________________________________ Date of Birth____________________________

Session  □ Fall (September - December)  □ Winter (January - April)  □ Summer (May - August)

EMPLOYEE DATA:
Name_______________________________________ Position__________________________________________
Date of Hire_________________________________ Phone Extension______________________________
E-mail address ________________________________

Employee Category  □ YUFA/Exempt  □ Osgoode  □ YUSA  □ CPM  □ CUPE 3903*
□ CUPE 1356/1356-1  □ IUOE  □ Research Assts/Assoc  □ OPSEU

* Requires written confirmation from the Department of Faculty Relations, York University, 276 York Lanes, 416-736-5518

Fee Waiver is for:  □ Self  □ Spouse  □ Dependant

Dependent Children – Please note

I have been provided a copy of, and have read the Tuition Fee Waiver Benefit Program. I confirm that in order to be eligible for the tuition fee waiver as a dependent child between the age of 21 and 25 I must maintain full-time enrollment in the Session(s) in which I enroll, which is defined as follows;
- 18 credits during the Fall/Winter terms (September to April)
- 9 credits in the Summer term (May to August)

I understand that the tuition fee waiver will be discontinued effective the beginning of the session in which I dropped below the full-time enrollment requirements. I understand I will then be responsible for payment of any fees in accordance with York University policy. I consent to the release of information regarding my enrolment activity by York University to my parent for the purpose of administrating this benefit. The tuition fee waiver will terminate at the end of the session in which I turn 25.

Having read the Tuition Fee Waiver Program Guidelines, I hereby certify that the information given in this application is correct and complete.

Student Signature __________________________________ Date ______________________________

Employee Signature____________________________________ Employee No.__________________________

To confirm eligibility for Tuition Fee Waiver, this application must be approved by the Department of Human Resources and made in accordance with the terms and conditions of the York University Tuition Fee Waiver Program. The completed form must be received in the Pension & Benefits office prior to the start of the course. The Tuition Fee Waiver will not be backdated. Questions regarding eligibility are to be directed to the Pension & Benefits Office.

Approval:  Name________________________________ Date____________________________
(Faculty Relations / Human Resources as applicable)

York University, Human Resources, Pension & Benefits Office, Kinsmen Building,
8 The Chimneystack Road, Toronto ON M3J 1P3, Telephone 416-736-2100 extension 27572. You may scan and e-mail the completed form to askpb@yorku.ca or fax it to 416-736-5703