

# CALVIN UNIVERSITY/CALVIN SEMINARY EMPLOYEE APPLICATION FOR TUITION WAIVER

Employee Name: \_\_\_\_\_ Calvin ID #: \_\_\_\_\_

Seminary ID #: \_\_\_\_\_  
(if applicable)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Department: \_\_\_\_\_ Ext: \_\_\_\_\_

This is an application for:  Fall  Interim  Spring  Summer semester, 20\_\_\_\_

Course Name: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

Auditing?  Yes  No

Please indicate your status below:

- I am a **full-time** employee at Calvin.
- I am a **regular part-time** employee.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's approval

\_\_\_\_\_  
Date

*Once you obtain your supervisor's signature, please send this for to the Admissions Office at the college or seminary, whichever is applicable.*

For Office Use Only:

\_\_\_\_\_  
Admissions' approval

\_\_\_\_\_  
Registrar's approval

\_\_\_\_\_  
Human Resources' approval