

SPOUSE/DEPENDENT APPLICATION FOR TUITION WAIVER

Please return completed form to the Office of Human Resources (UC-0003).
Subject to late fee if completed form is submitted after the due date listed below.

TO BE COMPLETED BY EMPLOYEE: Please print

Request for _____ (academic year)

- ☐ Fall/Winter Terms – Form must be received in Human Resources by July 31st
- ☐ Fall Term Only – Form must be received in Human Resources by July 31st
- ☐ Winter Term Only – Form must be received in Human Resources by December 31st
- ☐ Spring Term Only – Form must be received in Human Resources by April 15th
- ☐ Summer Term Only – Form must be received in Human Resources by June 15th

Employee Surname _____	Given Name(s) _____	Employee ID # _____
Department: _____		Date of Hire: _____
Are you a Contract Lecturer Member: Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, what Level: _____

SPOUSE / DEPENDENT INFORMATION:

SURNAME _____	GIVEN NAME(S) _____	STUDENT/EMPLOYEE ID # _____	SOCIAL INSURANCE NUMBER _____
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* A Social Insurance Number is required for spouse/dependents in order to issue a T4A tax form as required by the Canada Revenue Agency.

- ☐ Spouse (if common-law spouse, must be in a relationship and residing together for the previous 12 months)
- ☐ Unmarried child, under the age of 26 years of age who is a student in the Fall/Winter and/or Spring/Summer term and is totally dependent upon me for support.

I have read and understand the Lakehead University *Tuition Waiver – Staff and Faculty* policy located on the 'Policy' website and hereby agree with the terms and conditions under this policy. I verify the information provided above is correct. If the information provided is incorrect, I understand that I will be required to reimburse Lakehead University the full amount of the tuition waiver granted. Please note: the spouse/dependent will receive a T4A in their name for the value of the tuition waiver.

Signature of Employee _____	Date _____
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Supervisor Name (please print) _____	Signature _____	Date _____
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Departmental Budget Code _____

Chair/Director/Dean Name (please print) _____	Signature _____	Date _____
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FOR OFFICE USE ONLY

HUMAN RESOURCES APPROVAL:

- ☐ Pro-rated consideration due to new hire or Contract Lecturer Member status. Pro-rated Tuition Waiver Entitlement: _____

Human Resources Officer Name (please print) _____	Signature _____	Date _____
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