



**TUITION WAIVER FOR CONCORDIA UNIVERSITY
CREDIT COURSES**

EMPLOYEE:

Family Name First Name Employee I.D. No. _____

(If applicable) Employee's Student I.D. No. _____

SPOUSE OR DEPENDENT (if applicable):

Family Name First Name Student I.D. No. _____

Academic Term(s) : Summer Fall Year: 20__ | Winter Year: 20__

Check the box(s) covering the above employee's current bargaining unit

<input checked="" type="checkbox"/>	Payroll Group	Name of Employee Group	Conditions
	03	C.U.F.A. Concordia University Full-time Faculty Association	A, C
	11	C.U.P.F.A. Concordia University Part-time Faculty Association (24 credits or more)	A, B, D, F
	51	A.C.U.M.A.E. Association of Concordia University Management Employees	A, B, H
	19	United Steel Workers Union (local 9538) - SGW	A, C, H
	06	United Steel Workers Union (local 9538) - Loyola	A, C
	10	C.U.U.S.S-T.S. Concordia University Union of Support Staff - Technical Sector	A, C, H
	18, 59	C.U.P.E.U. Concordia University Professional Employees Union (contract > year)	A, B, H
	02	C.U.L.E.U. Concordia University (Webster & Vanier) Library Employees Unions	A, C, H
	50, 20, 21	POLICY (HR-26) Contract > 1 year	A, C
	14	C.U.S.S.U. Concordia University Support Staff Union	A, B, H
	15	C.U.C.E.P.T.F.U. Concordia University Continuing Education Part-Time Faculty Union (with 6 years or 1120 hours of Service at the Center)	C, D, E, F, G

Conditions

A	Includes Spouse and financially dependent children of a retiree	E	Spouse or dependent enrolled at time of employee's retirement, may complete such program with waiver
B	Includes Spouse and Dependents	F	Maximum of 2 family members including the employee per academic year
C	Includes Spouse and financially dependent children	G	Maximum of 30 Credits per academic year
D	Copy of most recent seniority list required	H	Permanent Part-Time members are eligible for waiver at a pro-rated amount

Signature of authorized Human Resources representative

Processed by authorized Human Resources representative

Base Tuition Waived on a Pro-rated Basis _____ %

Human Resources Stamp

_____/_____/_____(DD/MM/YY)
Date Posted to the Student's Account



Note 1:	A separate application for tuition waiver form must be completed and authorized for each individual wishing to enroll under the Tuition Waiver Policy. A new form must be completed for <u>each</u> academic year.
Note 2:	This application for tuition waiver form is not valid without the signed declaration located at the bottom of this form
Note 3:	This signed application for tuition waiver form must be either handed in person with the employee's staff ID card or sent electronically through the employee's Concordia email account to the following address: hr-reception@concordia.ca
Note 4:	Upon the processing of this form, a credit for the tuition amount will appear on the student's account. All additional fees will not be reimbursed by the University.

Declaration:

I hereby apply for a waiver of tuition fees in accordance with the University Policy, or collective agreement or protocol which governs my employ.

I hereby acknowledge that, in the event that I leave the employ of the University while I, my spouse or any of my dependents are enrolled in a course(s) for which the tuition fees have been waived, I become responsible for the prorated amount of the tuition fees waived.

I also hereby consent to have the prorated amount of the tuition fees for which I am responsible deducted from my final pay cheque if it is not otherwise paid.

If applicable: I hereby declare that the individual I have stated as my dependent or spouse, is true according to its definition stated in my employee groups' agreement and any falsification will result in automatic extinction of my tuition waiver benefits.

Date: ____ / ____ / ____ (DD/MM/YY)

Employee's Signature: _____