

TERM _____

UNIVERSITY OF HAWAI'I TUITION WAIVERCheck One: ☐ **EMPLOYEE** ☐ **EMPLOYEE SPOUSE** ☐ **EMPLOYEE DOMESTIC PARTNER**

Use this waiver only if you are: (1) a University of Hawaii employee who is employed half-time (.50 FTE) or more; (2) a spouse or domestic partner of a University of Hawaii employee who is employed half-time (.50 FTE) or more and in BU07, 08, 87 and 88. This waiver is valid only for **credit courses** at any University of Hawaii campus registered during the LATE REGISTRATION PERIOD designated for faculty and staff. **Graduate or Research Assistants who are employed by the University of Hawaii may not use this waiver.**

Employee Name _____ Employee UH Number _____
(Employee's UH number is **REQUIRED** for spouse/domestic partner waivers)

Employing Campus _____ Position Title _____

Div/Dept. _____ FTE _____ BU _____

Information about the taxability of this benefit can be found at <http://www.hawaii.edu/ohr/docs/forms/waiver.htm> I have read and understand the taxability of this employee benefit.

Employee Signature _____ Date _____ Phone _____

Student Name _____ Student UH Number _____

Check One: ☐ Undergraduate ☐ Graduate

Campus	CRN	Credit Hours	Course Title

I understand that this waiver may be used to pay for a maximum of 6 credit hours per semester of tuition and fees. Any tuition and fees in excess of the maximum 6 credit hours must be paid for. If registration occurs before the late registration period, tuition and all applicable fees will be assessed. No refunds will be made. If I am found to be ineligible to use this waiver, I understand that I will be responsible for paying all applicable tuition and fees assessed. My signature below provides consent to release student account information to my spouse or domestic partner.

Student Signature _____ Date _____ Phone _____

I certify that the individual named above meets all of the eligibility requirements for an employee tuition waiver or an employee spouse/domestic partner tuition waiver as defined by Board of Regents Policy and collective bargaining agreements.

Approved by Authorized Campus/Departmental Personnel Officer:

 Print or Type Name Phone Signature Date

INSTRUCTIONS FOR USING THIS WAIVER FORM:

You must apply for admission (submit System Application Form) by the appropriate deadline and be admitted as a classified or unclassified student before you will be permitted to register.

Register only during the late registration period for each term. Disregard the scheduled registration time given by the MyUH portal. If you register before the late registration period, you must pay all tuition and fees and cannot use this waiver. The waiver may be used for a maximum of six (6) credit hours per academic term. Tuition and fees in excess of 6 credit hours must be paid.

This waiver may not be used to waive course fees, nursing and dental hygiene clinical fees, lab fees, professional fees, nor special funded courses which have insufficient revenue to cover costs. A non-refundable, non transferable administrative fee will be assessed for each summer session term. If enrolled at multiple campuses, you will be assessed an administrative fee for each campus.

THIS WAIVER MUST BE PRESENTED FOR PAYMENT NO LATER THAN THE LAST DAY OF THE 50% TUITION REFUND PERIOD AT THE CAMPUS YOU ARE ENROLLED AT.

Additional information for UHM Outreach College Summer Session and Extension term courses: (NOTE--ALL Extension term courses, with 4-digit course reference numbers, are subject to approval.) Submit tuition waiver after registering for courses to the Outreach College (BioMed T210) information window or the University Cashier's Office in QLCSS 105. A non-refundable, non-transferable College Administrative Fee (CAF) is assessed for each Summer Session term and each Extension Term course. Once the waiver has been processed, you are responsible for paying all CAF and fees. For further details, review our website at www.outreach.hawaii.edu

For employees: Submit this form to any campus business office to process payment.

For employee spouse/domestic partners: Submit this form with a copy of the Declaration of Marital Status or Domestic Partnership to any campus business office to process payment.

Rev. 08/10