



BOWLING GREEN STATE UNIVERSITY

FEE WAIVER APPLICATION FOR CHILD OR COHABITANT SPOUSE OF A FULL-TIME EMPLOYEE.

Date \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_ Student ID# \_\_\_\_\_

Academic Year: \_\_\_\_\_ Semester: ( ) Fall ( ) Spring ( ) Summer Class Type: ( ) Graduate ( ) Undergraduate

This student is my ( ) child or ( ) cohabitant spouse. If child is checked, please answer questions 1 through 5.

- 1. Do you provide more than one-half of the child's support which includes lodging, food, clothing, and medical expenses?
2. Did you claim the child as a dependent on your last Federal income tax return?
3. Are you planning on claiming the child as a dependant on your next Federal income tax return?
4. Is the child married?
5. What is the child's date of birth? \_\_\_\_\_

(The last eligible semester for a dependent child fee waiver is the semester in which the child turns 24 years of age.)

( ) Prior part-time service of \_\_\_\_\_ years at time of conversion to full-time employment to be applied toward dependent fee waiver eligibility of three years of service of employment.

( ) Retired Employee. Date of Retirement: \_\_\_\_\_

This dependent child/Cohabitant Spouse was a dependent of mine at the time of my retirement ( ) Yes ( ) No

Employee Signature: \_\_\_\_\_ EMPL ID# \_\_\_\_\_

Printed Name of Department: \_\_\_\_\_ Department Cost Center (DCC): \_\_\_\_\_

Department Chair/Area Head Approval: \_\_\_\_\_ Date: \_\_\_\_\_

FOR USE BY HUMAN RESOURCES

APPROVED: \_\_\_\_\_ OFFICE OF HUMAN RESOURCES DATE

NOTE: This form must be completed for each semester child/spouse is enrolled.

Please send this form to the Office of Human Resources (OHR), 100 CPOB, for processing.

The fee waiver should be received in OHR eight (8) weeks prior to the first day of the semester for which the dependent is enrolling. Late fees are the student's responsibility.