ROSE STATE COLLEGE EMPLOYEE DEPENDENT AND/OR SPOUSE

ENROLLMENT FEE WAIVER REQUEST

STUDENT NAME:	E: Student ID#				
RELATIONSHIP TO I	EMPLOYEE:				
EMPLOYEE NAME:		Employee ID#			
Interim20	Fall 2	0 Spring 2	20	Summer 20	
Course Prefix <u>&</u> Number	Class #	Course Name			
Rose State College will pay credit hours per summer sen and spouses of regular Ros average of 2.00 is earned in other institutions.	nester, and 3 credit le e State College emp	hours for interim sessions ployees. The fee waiver ca	for courses in be renew	taken by eligible dep ed if a minimum grac	endents le point
This benefit does not apply benefit apply to student fac fees in accordance with the Books.	ility, student activity	y, or other special fees. St	udents are	responsible for payi	ng these
I understand that I will be re universities I have attended					
	nent schedule:		Yes		
	ement printout	o minimum (2 00) roquiro	Yes d: Yes		
My GPA meets or exceeds the minimum (2.0 Official transcripts from other colleges and u					
	-	E PROCESSED WITHO		ABOVE ITEMS.	
Student's Signature				Date	
I verify that the student listed above employee (employed 50% or mo			at income tax	return and that I am a re	gular college
Employee' Signature			Date		
REGISTRAR'S VERIFIC	ATION: Total cree	dit hours eligible N	Meets requi	rements Yes No (Ren	marks on Bacl
Registrar's Signature				Date	
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Fees Waived \$					
Executive Vice President/CFO				Date	