**Flathead Valley Community College**

**Adjunct Tuition Waiver**

Adjunct employees are eligible for a tuition waiver equal to the amount of credits taught during the current semester. Employees may choose to either use the waiver or delegate it to a spouse or dependent (IRS definition) to be used during the current semester or the immediately following semester. Credits are not accumulative, may not be split, and can be used only by one student per semester. Tuition is waived on a space available basis after all other paying students have had an opportunity to register providing said courses do not conflict with academic responsibilities. Building fees, lab fees and mandatory course fees cannot be waived. Non-credit waivers are determined by Continuing Education.

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| **EMPLOYEE INFORMATION** | | | | | |
| **Employee Name** | | | | **Student ID#** | |
| **Department** |  | | | | |
| A copy of the signed Adjunct contract must be attached to the Waiver upon submission. The applicable contract credits utilized are from:  Previous semester  Current semester | | | | | |
| **EMPLOYEE ENROLLMENT REQUEST** | | | | | |
| **Semester** | **Fall  Spring  Summer 1  Summer 2  Summer Full** | | | | |
| **Course #/Title** | **Days** | | **Time** | | **Credits** |
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| **DEPENDENT ENROLLMENT REQUEST** | | | | | |
| **Dependent Name** | | | | **Student ID#** | |
| **Semester** | **Fall  Spring  Summer 1  Summer 2  Summer Full** | | | | |
| **Course #/Title** | **Days** | | **Time** | | **Credits** |
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| Is the dependent your legal spouse or a financially dependent child as defined by the Internal Revenue Code? **Yes  No**  Proof of dependency is attached **Yes  No**  Dependent child’s age on 1st day of semester: | | | | | |
| **EMPLOYEE VERIFICATION** | | | | | |
| My signature below certifies that the above dependent meets the criterion established above. I understand that inappropriate use of this waiver will require repayment of the benefit and may lead to discipline, up to and including, termination. | | | | | |
| **Adjunct Employee Signature / Date** | |  | | | |
| **Human Resources Approval / Date** | |  | | | |
| **Financial Aid Approval / Date** | |  | | | |