

**LOUISIANA DELTA COMMUNITY COLLEGE
CHILD OR DEPENDENT AND SPOUSE TUITION REDUCTION FORM FOR A FULL-TIME EMPLOYEE**

FALL
 SPRING
 SUMMER I
 SUMMER II
 WINTER SESSION

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO THE OFFICE OF HUMAN RESOURCES' HQT
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Courses must be **taken for credit**.

Spouses and children of Faculty and Staff members who are **currently employed full-time** on the first day of the semester in which enrollment is requested may use the tuition reduction. "cu'o c{ 'j g'ur qwugu'cpf 'ej krf tgp'qht'gvtggulf gegcugf 't gwt ggu' *Ugg'NEVEURqrlk { '%8Q25; +0

CHILD OR DEPENDENT AND SPOUSE INFORMATION

PLEASE TYPE OR PRINT

Student's Name: _____

Student's Student ID: _____

Relationship to Employee:
 Child
 Dependent
 Spouse

Is dependent being claimed on employee's tax return?

Yes
 No

EMPLOYEE INFORMATION

PLEASE TYPE OR PRINT

Employee Name: _____ Employee ID: _____

Employee Email: _____ Employee Title/Classification: _____

Department Name: _____ Work/Office Phone: _____

I certify that all statements made on this application are true and complete to the best of my knowledge. I certify that the person for whom a reduction of tuition is being requested is either a spouse or child and is eligible as a dependent for federal income tax purposes during the semester for which fees are waived. I will claim the above named student as an eligible dependent for tax purposes during this calendar year, and I will furnish a copy of my tax return or other sources of verification such as a birth certificate or marriage license to the Office of Human Resources. Should I fail to claim the above student as an eligible dependent for tax purposes, I will reimburse the College for the amount of the fee waiver.

Employee Signature: _____ Date: _____

For Office of Human Resources Only (Step One)

This employee has met the requirements for the tuition reduction requested.
 Approved
 Not Approved

Signature: _____ Date: _____

STUDENT ACCOUNTS (Step Two)

FINANCIAL AID OFFICE USE (Step Three)

Approved Amount By: Date:

Posted/Approved Amount Signature of Person Who Posted

Completed form is to be retained in the Office of Human Resources