

**TUITION REMISSION/WAIVER (2 pages)**

<b>STUDENTS NAME (LAST, FIRST, MIDDLE)</b>		<b>BIRTHDATE</b>
REQUESTED BY (NAME OF WHITMAN EMPLOYEE)	DATE OF HIRE	___ FULLTIME
	ID #	___ PARTTIME ___ %

**FEE REMISSION (PAYMENT OF TUITION FOR ATTENDANCE AT OTHER COLLEGE/UNIVERSITY)**

COLLEGE/UNIVERSITY \_\_\_\_\_

ADDRESS (STREET) \_\_\_\_\_

CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

INSTITUTION'S TUITION \_\_\_\_\_

PAYMENT REQUESTED FROM WHITMAN COLLEGE \_\_\_\_\_

PAYMENT IS FOR	___ 1st SEMESTER 20___	___ FALL TERM 20___	PERCENT OF FULLTIME ATTENDANCE _____ %
		___ WINTER TERM 20___	
	___ 2nd SEMESTER 20___	___ SPRING TERM 20___	

MAKE CHECK PAYABLE TO \_\_\_\_\_

CHECK DELIVERY INSTRUCTIONS

___ MAIL TO ABOVE ADDRESS	Ext # _____
___ WILL PICK UP (Mem 107)	
___ MAIL TO _____	

**WAIVER OF WHITMAN TUITION FOR CHILD**

___ % OF FEE WAIVED	___ FALL SEMESTER	___ FULL-TIME STUDENT
	___ SPRING SEMESTER	

**TUITION EXCHANGE PROGRAM (Fill out back side also)**

COLLEGE ATTENDING \_\_\_\_\_

SEMESTER/YEAR \_\_\_\_\_

PERCENT OF FEE WAIVED \_\_\_\_\_ %

Employee requests a fee remission or tuition waiver as indicated above. The employee does hereby certify that the child is a legal dependent (IRS definition) of the employee and is under the age of 24. If tuition is granted to an employee for any person which falls outside the dependent status, this benefit is a taxable benefit to the employee and will be reported according to IRS regulations.

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

APPROVED	DATE	(BUSINESS OFFICE USE ONLY)	DATE
		ACCOUNT NUMBER _____	
		CHECK NUMBER _____	

# NORTHWEST INDEPENDENT COLLEGES TUITION EXCHANGE

## CERTIFICATION OR RECERTIFICATION OF ELIGIBILITY

To: Rosa Beth Gibson, NIC Tuition Exchange Liaison Officer  
University of Puget Sound (institution)  
1500 N. Warner, Tacoma, WA 98415 (address)

From: Cindy L. Waring, NIC Tuition Exchange Liaison Officer,  
Whitman College (sponsoring institution)  
345 Boyer Ave., Walla Walla, WA 99362 (address)

The student named below is eligible to apply for a NIC Tuition Exchange scholarship. Please notify me as soon as possible whether or not the applicant can be included in your NIC Tuition Exchange program. Certification must be initiated prior to the start of the academic year (continuing students must re-apply each year).

Name of applicant and  
Social Security Number \_\_\_\_\_

Address of applicant \_\_\_\_\_

Name of parent employed at sponsoring institution \_\_\_\_\_

Applicant will be a new student at your institution.

Applicant is now a student at your institution but does not presently hold a NIC Tuition Exchange scholarship.

Applicant is continuing in your NIC Tuition Exchange program.

Eligibility starts/started: \_\_\_\_/\_\_\_\_/\_\_\_\_

In September 20\_\_\_\_, applicant will be a (freshman)(sophomore)(junior)(senior).

Signature of sponsor Liaison Officer \_\_\_\_\_ Cindy L. Waring

Telephone number: (509) 527-5172 Date: \_\_\_\_\_

---

## NOTIFICATION OF ACCEPTANCE OR REJECTION

I am glad to report that the above-named applicant can be included in our NIC Tuition Exchange program.

I regret that the above-named applicant cannot be included in our NIC Tuition Exchange Program next year. Reason: \_\_\_\_\_

Signature of host Liaison Officer \_\_\_\_\_

Telephone number: \_\_\_\_\_ Date: \_\_\_\_\_

Copy: 1 to host liaison officer  
2 to host liaison officer & return to sponsor liaison officer  
3 to student applicant