



TUITION WAIVER FOR CONCORDIA UNIVERSITY NON-CREDIT COURSES – CONTINUING EDUCATION

EMPLOYEE:

 Family Name First Name Employee I.D. No. _____

(if applicable) Employee's Student I.D. No. _____

SPOUSE **DEPENDENT (if applicable):**

 Family Name First Name Student I.D. No. _____

Academic Term : Summer Fall Winter Spring Year : 20 ____
 (Select only one term)

Check the box(s) covering the above employee's current bargaining unit

<input checked="" type="checkbox"/>	Payroll Group	Name of Employee Group	Conditions
	03	C.U.F.A. Concordia University Full-time Faculty Association	A, C, E
	11	C.U.P.F.A. Concordia University Part-time Faculty Association (24 credits or more)	B, K, J
	11	C.U.P.F.A. Concordia University Part-time Faculty Association (less than 24 credits)	D, F, J
	51	A.C.U.M.A.E. Association of Concordia University Management Employees	L
	19	United Steel Workers Union (local 9538) - SGW	E, G
	06	United Steel Workers Union (local 9538) - Loyola	G, K
	10	C.U.U.S.S-T.S. Concordia University Union of Support Staff - Technical Sector	G, E
	18, 59	C.U.P.E.U. Concordia University Professional Employees Union (Contract > 1 year)	G, E
	02	C.U.L.E.U. Concordia University (Webster & Vanier) Library Employees Unions	H, I, K
	50, 20, 21	POLICY (HR-26) Contract > 1 year	G, K
	14	C.U.S.S.U. Concordia University Support Staff Union	G, E
	15	C.U.C.E.P.T.F.U. Concordia University Continuing Education Part-Time Faculty Union	B, I, J, M

Conditions

A	Includes spouse only	G	Payment of tuition fees required. Reimbursed if the course is successfully completed.
B	Includes spouse and dependents	H	A written request must be made to his/her supervising Librarian to be forwarded to the Director of Libraries.
C	Payment of tuition fees required. Reimbursed if 80% of course was attended.	I	Cannot pre-empt a paying student
D	Payment of \$200/course required. Reimbursed if 80% of course was attended.	J	Copy of most recent seniority list required
E	English and French language course(s)	K	Any course
F	French language and computer course(s)	L	English, French language and computer course(s)
		M	Deliver completed form directly to the Center for Continuing Education. S- FB-117

 Signature of authorized Human Resources representative

 Signature of authorized Center for Continuing Education rep

Human Resources Stamp

Conditions for reimbursement met? _____

_____/_____/_____ (DD/MM/YY)
 Date posted to the student's account



Note 1:	A separate application for tuition waiver form must be completed and authorized for each individual wishing to enroll under the Tuition Waiver Policy. A new form must be completed for <u>each</u> registration period (e.g. Summer, Fall, Winter and Spring) and not more than four weeks prior to the start of the academic term.
Note 2:	This application for tuition waiver form is not valid without the signed declaration located at the bottom of this form
Note 3:	This signed application for tuition waiver form must be handed in person and will not be accepted without the presentation of the employee's staff ID card.
Note 4:	Upon the processing of this form, a credit for the tuition amount will appear on the student's account. All additional fees will not be reimbursed by the University.

Declaration:

I hereby apply for a waiver of tuition fees in accordance with the University Policy, or collective agreement or protocol which governs my employ.

I hereby acknowledge that, in the event that I leave the employ of the University while I, my spouse or any of my dependents are enrolled in a course(s) for which the tuition fees have been waived, I become responsible for the prorated amount of the tuition fees waived.

I also hereby consent to have the prorated amount of the tuition fees for which I am responsible deducted from my final pay cheque if it is not otherwise paid.

If applicable: I hereby declare that the individual I have stated as my dependent or spouse, is true according to its definition stated in my employee group's agreement and any falsification will result in automatic extinction of my tuition waiver benefits.

Date: ____ / ____ / ____ (DD/MM/YY)

Employee's Signature: _____