Fairmont State University

2026-2027 Dependent Child Tuition Waiver Authorization Form

(Waiver Amount Will Not Exceed Base Tuition)

Employee Name _____ **ID F00**_____

Department _____ **Date of Employment** ____/____/_____

You must complete one form for each dependent child for whom you are requesting assistance. This program is on a first-come, first-served basis, and your completion and submission of this form does not guarantee that funding will be available or the waiver granted.

By signing below I understand:

- The waiver will pay for classes taken at Fairmont State University for recipients admitted as "regular" degree seeking students.
- Must return the completed form to Human Resources ten (10) working days prior to the beginning of the term for which I or my dependent child is enrolling.
- Tuition waiver recipients must maintain a minimum GPA of 2.5 as well as maintain Satisfactory Academic Progress as required by federal financial aid regulations and in accordance with institutional policy. Dependents on academic or social probation will not be eligible to receive tuition waivers.
- Applicants are considered for a first associate degree, a first bachelor's degree or first master's degree and in that order of progression. Secondary degrees may be considered based on the availability of funding.
- Refer to Administrative Policy on Dependent Child Tuition Waiver Program.

I am requesting a tuition waiver for my legal dependent child (per IRS guidelines):

Name of Dependent:			Date of Birth:	ID: F00
Fall: ☐	Spring: ☐	Summer: ☐	Hours Enrolled:	Major:

_____

Employee Signature **Date**

Office use only:

UG/GR_____**HRS earned**_____**GPA**_____**SAP**_____ _____ **FAFSA received** _____ **Amt:**_____**Emp**_____**Sp**_____**Dep**___

DRAFT