



**CERTIFICATION
FOR
FAMILY TUITION WAIVER
(To be completed by employee)**

Date Rec'd
Stamp

- Check One**
 Classified (.5 or greater FTE)
 Classified (.2 to .499 FTE)
 C3 (700 or more hrs)
 Contracted Faculty
 PT Credit Faculty (.2 FTE)
 Management

For Official Use Only:
 E-Clas: _____
 # Classes: _____
 Term: _____

EMPLOYEE NAME _____
L# _____ **DEPARTMENT** _____
TELEPHONE # _____

QUALIFIED DEPENDENTS A qualified spouse, domestic partner*, persons for whom the employee is a legal guardian or an IRS dependent. Dependents registering for credit classes need to apply for admissions at www.lanecc.edu

* An affidavit of domestic partnership form is required.

I certify that the following qualified dependent(s) of mine is/are eligible for the "family tuition waiver" for course(s) at Lane Community College.

**SP (spouse) S (son) D (Daughter) DP (Domestic Partner) Other (Specify Relationship)

Add	Name of Dependent	Relationship **See Above	L # (Required for Processing)

The following course information is needed for those dependents of classified employees with .2 to .499 FTE, hourly classified employees with 700 or more hours and PT credit faculty with more than .2 FTE.

- Current Term: _____ Year: _____
 PT Credit faculty: I am basing eligibility on a prior term(s). 2nd) Term: _____ Year _____
 3rd) Term: _____ Year _____

(Please use additional forms for additional dependents)

Name of Dependent	Registration #	Course Title:	# of Credits:	Cost:		
				Tuition***	Class Fees****	Tech Fees****

***Tuition is paid at the In-State tuition rate (Please see residency requirements at <http://www.lanecc.edu/cops/resident.htm>)

****Not paid by tuition waiver

Employee Signature _____ **Date:** _____

Human Resources Approval

Employee Eligibility

Verified by Human Resources _____ **Date:** _____

For Official Use Only:
 Date: TSAEXPT _____ CODE: _____ Date: FTW – X-Ref _____