



## PART-TIME EMPLOYEE WELLNESS TUITION WAIVER

Part-time employees will be allowed 1 credit hour, tuition free, per semester for the class(es) listed below. **All employees are responsible for general purpose and lab fees.**

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(please print)

I am a part-time employee at: **MCC** **NPCC-N** **NPCC-S** **Other** \_\_\_\_\_  
(circle one) (specify location)

I will be attending classes at: **MCC** **NPCC-N** **NPCC-S** **Other** \_\_\_\_\_  
(circle one) (specify location)

Today's Date: \_\_\_\_\_ Semester of Enrollment: \_\_\_\_\_

Course:	Credit Hours	Tuition
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Tuition to be waived: \$ \_\_\_\_\_ (may not be more than one credit hour)

Student's signature: \_\_\_\_\_

### **APPROVAL**

By signing below, I affirm that the individual listed as met all stated provisions and is qualified to receive tuition waiver for a Wellness course.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appropriate VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Send the completed form via campus mail to the following:

1. Supervisor
2. Appropriate VP
3. Human Resources