



WAIVER OF FEES APPLICATION

This application shall be completed each semester by employees or their dependents prior to enrolling in classes at Highland Community College. Dependents must qualify as a dependent for federal income tax purposes in order to qualify for waiver of fees.

TO BE COMPLETED BY THE EMPLOYEE/DEPENDENT

I, _____, hereby request waiver of activity fees and instruction fees for classes at Highland Community College during 20____ Fall / Spring / Summer session
(circle one)

- I am : A Full-time Employee
 A Part-time Employee
 A Dependent of a Full-time Employee

Full-time employee's name: _____

Relationship to employee: _____

APPLICANT'S SIGNATURE

Social Security #

Date Filed

TO BE COMPLETED BY THE PRESIDENT

Request for waiver of fees for the designated semester is:

APPROVED

DENIED: Reason _____

PRESIDENT'S SIGNATURE

Date

Copies to: Applicant
Business Office
President's Office