



**Tuition Waiver Drop Form**

**This form must be completed no later than the 10<sup>th</sup> day after the semester begins.  
Failure to complete this form in a timely manner may affect future benefits.**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

PLU ID or Social Security Number: \_\_\_\_\_

Campus phone number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ FTE: \_\_\_\_\_

Semester: Fall \_\_\_\_\_ J-Term \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Year: \_\_\_\_\_

Course ID and CCN number of class being dropped: \_\_\_\_\_

Reason for drop: \_\_\_\_\_  
\_\_\_\_\_

Number of credits being dropped: \_\_\_\_\_

Have you had tuition waived previously? If so, when and how many credits?

Credits \_\_\_\_\_ Semester \_\_\_\_\_

Employee Signature _____	Date: _____
Human Resource Office _____	Date: _____

**Questions? — Please call Human Resources at ext. 7185.**