



**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: \_\_\_\_\_

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

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

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

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

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

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

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

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

Have you received waived tuition previously? If so, when and how many credits were  
waived? \_\_\_\_\_ Semester \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Office \_\_\_\_\_ Date \_\_\_\_\_

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