

TUITION WAIVER FOR CONCORDIA UNIVERSITY NON-CREDIT COURSES – CONTINUING EDUCATION



EMPLOYEE:

Family Name	First Name	Employee I.D. No.
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Select Tuition Waiver being requested for

EMPLOYEE SPOUSE CHILD (IF APPLICABLE)

Family Name	First Name	Student I.D.
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Indicate if Student is Full-Time Part-Time

Academic Term : Summer Fall Winter Spring Year : 20 _____
(Select only one term)

CHECK THE BOX(S) COVERING THE ABOVE EMPLOYEE'S CURRENT BARGAINING UNIT

<input checked="" type="checkbox"/>	NAME OF EMPLOYEE GROUP	CONDITIONS
<input type="checkbox"/>	C.U.F.A. Concordia University Full-time Faculty Association	A, C, E
<input type="checkbox"/>	C.U.P.F.A. Concordia University Part-time Faculty Association (24 credits or more)	B, K, J
<input type="checkbox"/>	C.U.P.F.A. Concordia University Part-time Faculty Association (less than 24 credits)	D, F, J
<input type="checkbox"/>	A.C.U.M.A.E. Association of Concordia University Management Employees	L
<input type="checkbox"/>	STTMC - Sir George Williams (CSN)	E, G
<input type="checkbox"/>	STTMC - Loyola (CSN)	G, K
<input type="checkbox"/>	C.U.U.S.S.T.S. Concordia University Union of Support Staff - Technical Sector	G, E
<input type="checkbox"/>	C.U.P.E.U. Concordia University Professional Employees Union (Contract > 1 year)	G, E
<input type="checkbox"/>	C.U.L.E.U. Concordia University (Webster & Vanier) Library Employees Unions	H, I, K
<input type="checkbox"/>	POLICY (HR-26) Contract > 1 year	G, K
<input type="checkbox"/>	C.U.S.S.U. Concordia University Support Staff Union	G, E
<input type="checkbox"/>	C.U.C.E.P.T.F.U. Concordia University Continuing Education Part-Time Faculty Union	B, I, J, M

CONDITIONS

A	Includes spouse only	G	Payment of tuition fees required. Reimbursed if the course is successfully completed.
B	Includes spouse and dependents	H	A written request must be made to his/her supervising Librarian to be forwarded to the Director of Libraries.
C	Payment of tuition fees required. Reimbursed if 80% of course was attended.	I	Cannot pre-empt a paying student
D	Payment of \$200/course required. Reimbursed if 80% of course was attended.	J	Copy of most recent seniority list required
E	English and French language course(s)	K	Any course
F	French language and computer course(s)	L	English, French language and computer course(s)
		M	Deliver completed form directly to the Center for Continuing Education. S- FB-117

TUITION WAIVER FOR CONCORDIA UNIVERSITY

NON-CREDIT COURSES – CONTINUING EDUCATION



Note 1: A separate application for tuition waiver form must be completed and authorized for each individual wishing to enroll under the Tuition Waiver Policy. A new form must be completed for each registration period (e.g. Summer, Fall, Winter and Spring) and not more than four weeks prior to the start of the academic term.

Note 2: This application for tuition waiver form is not valid unless received via a **service request form**. You are required to send the form using the **service request form** in order for us to authenticate the request.

Exception: Pensioners are to email the completed form to hr-reception@concordia.ca as inactive employees are not granted access to the service request form.

Note 3: Upon the processing of this form, a credit for the tuition amount will appear on the student's account. All additional fees will not be reimbursed by the University.

DECLARATION:

By completing and submitting the tuition waiver document via the service request form, I confirm that I am applying for a waiver of tuition fees in accordance with the University Policy, or collective agreement or protocol which governs my employ. I hereby acknowledge that, in the event that I leave the employ of the University while I, my spouse or any of my dependents are enrolled in a course(s) for which the tuition fees have been waived, I become responsible for the prorated amount of the tuition fees waived. I also hereby consent to have the prorated amount of the tuition fees for which I am responsible deducted from my final pay cheque if it is not otherwise paid. If applicable: I hereby declare that the individual I have stated as my dependent or spouse, is true according to its definition stated in my employee group's agreement and any falsification will result in automatic extinction of my tuition waiver benefits.