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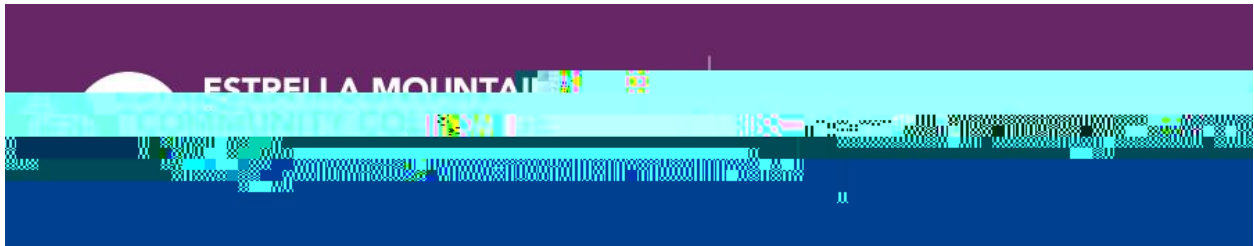
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### Student' Statement of Certification, Understanding, and Agreement

I understand and agree that:

If it is determined that I am not eligible for a waiver, I am responsible for paying the full student cost of any courses. I am eligible for the waiver benefit if I am employed by the college or my spouse or parent is employed by the college. **All such patterns can result in ineligibility to use the waiver benefit.**

I am eligible for a tuition waiver for up to sixteen (16) credit hours during the semester in which my spouse or parent is employed.

\_\_\_\_\_  
Signature

Enter your Spouse/Parent's MEID

Employee ID	_____		
First Name	_____	Last Name	_____
Employee Email	_____	Parent's Email	_____

Please Select \_\_\_\_\_

Submit Form

