

## BARUCH EMPLOYEE TUITION FEE WAIVER

Semester: \_\_\_\_\_

**Please be aware that this waiver applies only to tuition fees. This waiver is valid only for the semester indicated above. Registration under this waiver is conditional upon availability of the course(es) on the start date. It is the responsibility of the EMPLOYEE to contact the CAPS office on the first day of the scheduled class to verify availability and registration. If for any reason your original course of interest is cancelled you must submit an entirely new signed waiver to process your new request.**

**To complete this request: *\* PLEASE ATTACH ORIGINAL REGISTRATION FORM AND A COPY OF YOUR BARUCH ID \****

This is to certify that \_\_\_\_\_ is currently employed at Baruch College in the \_\_\_\_\_ department and may be considered for a tuition waiver for the class(es) that follows:

Individual Courses

Certificate Program

Course Code: \_\_\_\_\_

Course Title: \_\_\_\_\_

Section: \_\_\_\_\_

Employee Name \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

Employee's Dean or AVP Signature: \_\_\_\_\_

**Baruch Continuing and Professional Studies Use Only**

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_