All waivers must be submitted to: **tuitionwaivers@txwes.edu**

Texas Wesleyan
OFFICE OF HUMAN RESOURCES

Office of Human Resources
1201 Wesleyan Street
Fort Worth, Texas 76105
(817) 531-4403
817) 531-4402

EmployeeTuitionWaiverBenefitApplication–Spring 2027

Name _____ University ID# _____ Department _____

Payroll Status: Bi-weekly ☐ Monthly ☐ Employment Status: Faculty ☐ Staff ☐

If Part-time Employee, please indicate hours worked per week _____

Dependent/Spouse Information (Required if student is not the employee)

Name _____ University ID# _____

Relationship to employee _____ Date of Birth _____

ENROLLMENT

☐ Spring 2027_____Hours, **or**
☐ Session 1 _____Hours
☐ Session 2 _____Hours

Last Full Semester Registered _____

PROGRAM INFORMATION

Undergraduate and Graduate	The following are waived: 50% employee/25% Dependents
☐ Undergraduate	☐ ED.D
☐ M.ED	☐ Ph.D.
☐ MBA	☐ DNAP
☐ M.S. Counseling	☐ MFT Ph.D.
☐ MFT M.A.	☐ MSNA
☐ MFT MSMF	
☐ MS Comp Science	
☐ Non Degree Seeking	

Employee _____ **Date** _____
My signature reflects acknowledgment that I am responsible for ensuring payment of fees for all covered parties, including spouse, children and myself.

Employee's Supervisor _____ **Date** _____

ALL WAIVER APPLICATIONS MUST HAVE A CLASS SCHEDULE ATTACHED.
EMPLOYEE MUST FORWARD TO HUMAN RESOURCES FOR APPROVAL BY: December 9, 2026

This section for HR use only.

_____% Tuition Approved

Authorized HR Signature_____ **Date** _____

Please complete this section if the student is a dependent (spouse/child) of the Texas Wesleyan Employee:

Pursuant to the Family Educational Rights and Privacy Act (FERPA) (34 CFR Part 99), the undersigned hereby authorize Texas Wesleyan University to release or share only the following financial and education records to the Texas Wesleyan University employee as a dependent/spouse of the employee as it directly relates to this benefit:

- Information regarding the existence and amount of any tuition waivers that I receive as a result of my status and/or my parent's or spouse's status as an employee of The University.
- Information regarding my academic schedule at The University for the term in which I am applying for the benefit.

I understand that I have the right to receive a copy of such released records upon request. I further agree and acknowledge that I have read and fully understand this release, and that I have signed this release and granted my consent to the disclosure of this tuition waiver information freely and voluntarily.

_____ _____

Student's Signature Date