

APPENDIX H Dependents Eligibility Form

PART A: Employee's Information

NAME: _____	Position: _____
Last First Middle	
Date of Hire: _____	Office: _____ Campus: _____

PART B: Dependent's information

Fall _____ Spring _____ Summer _____

Name of dependent(s)	Relationship	Date of Birth	Campus to be enrolled at

Check all applicable boxes below. Applicable documents must be attached to this form:

- ☐ Marriage certificate or affidavit
- ☐ Birth Certificate
- ☐ Legal adoption papers

I certify that the information provided on this form is true. I understand any attempt to defraud the College will be met with appropriate disciplinary action.

EMPLOYEE'S SIGNATURE	DATE
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Part C: Human Resources Use Only

<input type="checkbox"/> Request meets the criteria for reduced tuition <input type="checkbox"/> Request does not meet the criteria for reduced tuition		
Name of HR Representative:	Signature:	Date:

Comments:

Copies to a) Employee, b) Human Resources Office, c) Business Office