



# Tuition Waiver Form

Employee Name

Rocket I.D. #

- .. Main Campus Employee      ... Health Science Campus Employee
- .. UT Retiree                      ... BGSU Employee

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\_ Dependent/Spouse Name

Date of Birth mm/dd/.Graduate

- .. Undergraduate      .. In State
- .. Out of State
- .. Law

For Dependent & K L O G Waivers Only X DQVZHU 12 WR DQ\ RI WKH EHORZ \RXU GSHQGHQ

Is the Dependent: Age

BB  
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+ 5USE ONLY

