# Tuition Waiver Dependent Enrollment/Change Form

**Employee Name**: Click here to enter text. **User Name**: Click here to enter text.

**Please add or remove dependents for your LCC Tuition Waiver benefit:**

| Add/Remove | Dependent Name | Relationship | Date of Birth | Social Security Number | Username(Optional) |
| --- | --- | --- | --- | --- | --- |
| Choose an item. | Click here to enter text. | Choose an item. | Click to enter a date. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Choose an item. | Click to enter a date. | Click here to enter text. | Click here to enter text. |
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| Choose an item. | Click here to enter text. | Choose an item. | Click to enter a date. | Click here to enter text. | Click here to enter text. |

1. Only eligible employees and their designated IRS dependents may use available tuition waiver credits.
2. The College will verify the eligibility of employees and dependents; documentation to support eligibility will be required.
3. Employees must also submit a tuition waiver request form for courses they or their designated dependents are requesting waiver credits for no later than the start date of course(s).
4. Tuition Waiver benefits are subject to limitations within collective bargaining agreements, employee benefit packages, and the College Tuition Waiver Benefit Procedure.

# Signature

**Signature**: **Date**: