

## Full Time Employees Instructional Fee Waiver Form

Semester:  Fall  
 Spring  
 Summer

Academic Year: \_\_\_\_\_

Dependent's Name \_\_\_\_\_

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

Organizational Unit \_\_\_\_\_

Relationship \_\_\_\_\_

Unit Account No. \_\_\_\_\_ -2231

Student Number \_\_\_\_\_

Position \_\_\_\_\_

(See NOTE at the bottom of this page.)

I certify that I am eligible for fee waiver and/or that the above named person is my legal dependent, as defined by the Internal Revenue Service for income tax purposes.

I authorize fee waiver for the above named employee who is currently employed full time by Lorain County Community College.

\_\_\_\_\_  
(Date) (Employee's Signature)

\_\_\_\_\_  
(Date) (Supervisor's Signature)

<u>Course Title</u>	<u>Credits</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In accordance with the provisions of the College's Policies and Procedures Manual, instructional fees in the amount of \$\_\_\_\_\_ are waived for the employee or dependent named above. (See reverse side of this form.)

Date \_\_\_\_\_

Bursar's Office  
 Financial Aid Office

By: \_\_\_\_\_

**NOTE:** Instructional fees must be paid if the following situation occurs:

- You or your dependent are enrolled for classes \_\_\_\_\_ and \_\_\_\_\_
- your instructional fees have been waived by the College \_\_\_\_\_ and \_\_\_\_\_
- your employment with the College terminates before the end of any term for which fees have been waived.