

DELTA COLLEGE TUITION WAIVER PROGRAM AGREEMENT

08-02-11

Benefits

In accordance with the Delta College Tuition Waiver Program, Delta College will waive the tuition and registration fee for the following eligible students for classes in which the student receives a final grade of C (2.0) or better or a Pass grade (P). Classes in which the student receives a grade of C-, D+, D, D-, F, has withdrawn or receives a withdrawal grade (W or WI), receives a No Credit grade (NC), or has taken as audited are not covered. For classes in which the student temporarily receives an Incomplete grade (I), the student will only be granted the waiver if the course requirements are completed by the final date to complete an incomplete course for that semester and the student receives a final grade of C (2.0) or better or a Pass grade (P).

Eligible Students

- Full-time regular employees, their spouses and their dependent children*
- Retired full-time regular employees, their spouses and their dependent children*
- Spouses (who have not remarried) and dependent children*of deceased full-time regular employees who died while employed
- Full-time temporary employees (including one-semester appointment instructors)
- Part-time regular employees (not including adjunct instructors, general laborers and food service part-time employees)

**Dependent children are only eligible if they are under 24 years of age at the end of the current tax year and claimed as a dependent for tax purposes by the employee. A dependent child of divorced parents is treated as the dependent of both parents.*

Process

The eligible Delta College employee must turn in the completed Tuition Waiver Program Agreement, signed by both the student and the employee, to the Student Finance Office by the applicable payment deadline each semester. A registration statement will be provided showing the amount owed by the student for all fees not covered under the waiver. All such fees must be paid by the applicable payment deadline. If the Tuition Waiver Agreement and payment of the amount owed by the student are not received by the applicable deadline, the student will be dropped from the respective classes. Payment can be made by check, cash, or credit card at the Cashier's Office. At the end of the semester upon completion of grades, the waiver will be processed on the student account for classes in which the student has received final grades meeting the criteria to be covered by the waiver. For classes in which the student did not receive a final grade meeting the criteria to be covered, a billing statement will be emailed to the student and the employee designating the balance due on the student account. The balance must be paid within 15 days of the billing date. Upon billing, a financial hold will be placed on the student account and the student will be restricted from future registration until the account balance is paid in full. If full payment is not received within 15 days, payroll deduction from the employee will be implemented to collect the balance due. If the amount is not paid, the College will proceed with implementing standard collection procedures for student accounts, which may include forwarding the account to a collection agency. If the account is forwarded to a collection agency, the student and/or employee will be responsible to pay all collection and attorney fees associated with collection of the amounts due to the College.

To be completed by the Student - By completing and signing this form, I authorize Delta College to discuss my course registrations, grades, and student financial account records with the Delta College employee named below for the semester in which this Tuition Waiver Program Agreement applies. I agree with all the provisions and requirements of the Tuition Waiver Program and promise to pay any amounts due to Delta College for classes in which I do not receive a final grade meeting the criteria to be covered under the waiver including all collection and attorney fees associated with collection.

Student Signature Print Student Name Student Number Semester Date

To be completed by the Employee - By completing and signing this form, I certify that I have reviewed and am in agreement with the Tuition Waiver Program requirements and that the above named student is eligible for benefits as follows: (check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Full-time Regular Employee | <input type="checkbox"/> Full-time / Spouse | <input type="checkbox"/> Full-time / Dependent Child* |
| <input type="checkbox"/> Retired FT Regular Employee | <input type="checkbox"/> Retiree / Spouse | <input type="checkbox"/> Retiree / Dependent Child* |
| <input type="checkbox"/> Part-time Regular Employee | <input type="checkbox"/> Deceased Employee / Spouse | <input type="checkbox"/> Deceased Employee / Dependent Child* |
| <input type="checkbox"/> Full-time Temporary Employee | | * Dependent Child's Date of Birth _____ |

If this benefit is provided for my dependent child, I certify that I have reviewed the IRS Form 1040 requirements and those under IRS Publication 970 and that the above named student qualifies as an eligible dependent child in accordance with provisions of the Tuition Waiver Program. I certify that my dependent child: is under age 24 at the end of the current tax year; did not provide over half of his or her own support in the tax year; and he/she lived with me for more than half of the tax year. I understand that a dependent child of divorced parents is treated as a dependent of both parents for this benefit.

I agree with all the provisions and requirements of the Tuition Waiver Program and promise to pay any amounts due to Delta College for classes in which the above named student did not receive a final grade meeting the criteria to be covered under the waiver. I authorize Delta College to implement payroll deduction and deduct from my paycheck the balance due on the student account that is not paid within 15 days of the billing date plus all collection and attorney fees associated with collection.

Employee Signature Print Employee Name Employee No. Phone No. Date

For Student Finance Use Only

Semester: _____ **Verified by:** _____ **Cost Center:** _____ **Amount Waived: \$** _____ **Date:** _____