



## REQUEST FOR REDUCED TUITION

**Fall Priority Deadline**  
**November 1**

**Spring Priority Deadline**  
**April 1**

**Summer Priority Deadline**  
**July 15**

**CHECK ONE:** Faculty \_\_\_\_\_ Faculty Child \_\_\_\_\_ Faculty Spouse \_\_\_\_\_  
Staff \_\_\_\_\_ Staff Child \_\_\_\_\_ Staff Spouse \_\_\_\_\_

**Reduction is being requested for:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Please Note: *Exemption will not be processed for classes that the student has previously withdrawn from.*

**Employee Information:**

Name: \_\_\_\_\_ NSU Campus ID #: \_\_\_\_\_

University: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

**Child/Spouse Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

NSU Student ID #: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Are you claiming the above listed child or spouse for tax purposes during the calendar year in which the exemption is requested? A copy of your tax return may be requested. Should you fail to claim the above student as an eligible dependent for tax purposes, you may be required to reimburse the University.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Vice President Signature Date

Approval of University Presidents needed for employees of other Universities or Louisiana System

\_\_\_\_\_  
University President Signature Date

\_\_\_\_\_  
NSU President Signature Date

**Office use only:** Employment Verification: Full time employee start date: \_\_\_\_\_ Job code: \_\_\_\_\_

Verified by: \_\_\_\_\_