



REQUEST FOR REDUCED TUITION

Fall Priority Deadline
November 1

Spring Priority Deadline
April 1

Summer Priority Deadline
July 15

CHECK ONE: Faculty _____
Staff _____

Faculty Child _____
Staff Child _____

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Please Note: *Exemption will not be processed for classes that the student has previously withdrawn from.*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