



## 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 \_\_\_\_\_

**Employee Information:**

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

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

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

Degree Program: \_\_\_\_\_

**Child/Spouse Information:**

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

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

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

Degree Program: \_\_\_\_\_

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: \_\_\_\_\_

Degree Program: \_\_\_\_\_