

Student Personal Information

Last Name _____ First _____ Middle _____

Employee Spouse Dependent, date of birth _____ (month/day/year)

Name of Employee: _____

Program of Study

Please check below the Staff/Faculty Waiver you are applying for:

_____ College of Arts and Sciences - Undergraduate Degree Programs
Please check the terms you plan to register: Fall Spring Summer

_____ College of Arts and Sciences - Graduate Programs*
Master of Arts in Education

_____ College of Professional Studies - Business/Management Degree Programs*
Organizational Leadership, Management & Organizational Development, Customer Relationship Management

_____ College of Professional Studies - First Responder Degree Programs*
Criminal Justice (undergraduate or graduate), Emergency Services Management, Fire Science

_____ College of Professional Studies - MBA Graduate Degree Programs*
Academic Practitioner, Executive, Healthcare Administration, Human Resource Management

*Please list the modules that you wish to apply for a waiver.
(Does not apply to College of Arts and Sciences undergraduate programs)

Module (catalog # and title)	Start Date	End Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Agreement

Submission of this waiver is an acknowledgement that I understand the terms and conditions of the [Bethel University Tuition Scholarship Policy](#).

Please submit this application to Carolyn Dotson in the Human Resources Office for her signature and approval. The application then is sent to the Financial Aid Office for processing.

Student Signature _____ Date _____

Human Resources Signature _____ Date _____