FISK UNIVERSITY

Dependent Tuition-free Certification Form

This form must be completed, in the numerical order of the items, by dependent to participate in the University's tuition-free program benefit.

A FORM MUST BE COMPLETED BEFORE CLASSES BEGIN AT THE BEGINNING OF EACH ACADEMIC YEAR.

Name of Individual Applying for benefit: _____
Social Security Number: _____
Employee's Name: _____

1.	The above named individual is the dependent of a qualified University employee and is eligible to participate in the University's tuition-free program.	Signature and Date Director of Human Resources
2.	The above named individual has financial approval to apply for the tuition waiver for the academic year 20___ - 20___.	Signature and Date Budget Analyst
3.	The above named individual: ☐ is admitted to Fisk as a new student ☐ is a returning student who has completed registration for the fall semester of the academic year 20__ - 20____ and has indicated that he/she ☐ plans to ☐ will not enroll for the next semester.	Signature and Date University Registrar
4.	The above named individual has on a file a completed financial aid application (FAFSA) for the academic year 20____ - 20____.	Signature and Date Executive Director of Financial Aid

_____ _____
VP for Finance and Chief Financial Officer Date

The completed form must be returned to:
The Office of Human Resources
Carnegie Hall, 2nd Floor

Copies provided to: ___Financial Aid ___Student Accounts
___Administrative Services ___Registrar's Office

This form does not need to be completed at the beginning of the each semester. Eligibility for subsequent semesters will be based upon the individual maintaining the required GPA.

Revised 12/2011