

UConn HEALTH

HUMAN RESOURCES

UConn Health Reciprocal Tuition Agreement with University of Rhode Island and University of Maine, Orono for Dependent Children

Deadlines: Fall Semester – June 1 Spring Semester – November 1

Part I. Certification by Employee/Parent

Please select as appropriate

Managerial/Confidential

UHP

Faculty

Employee Name _____ Employee # _____

Job Title _____ Part Time Full Time

Department _____ Mail Code _____

Telephone: Work _____ Home _____

YEAR _____ SEMESTER Fall Spring

Student Name _____ Student ID# _____
First, MI, Last

Semester Standing _____
i.e. Sophomore Year, 1st semester

School (select one):

University of Rhode Island

University of Maine, Orono Campus

I hereby certify that the applicant requesting a waiver is my dependent child as defined by the IRS. I understand that I may be asked to submit a copy of the pertinent section of my income tax return and legal proof of my relationship with this individual at any time in the future. If this request is made, I agree to provide the information within three working days.

Please note that if not provided, the employee will be responsible for the total value of all approved dependent child tuition waivers.

Employee's Signature

Date

Part II. Certification by the Department Of Human Resources

This is to verify that the applicant is an employee of the University of Connecticut Health Center and is eligible for a _____ % tuition waiver for the above named dependent child.

Signature _____ Date _____