# APPLICATION FOR TUITION FEE WAIVER

# ALL EMPLOYEES

**IMPORTANT NOTICE:**

- Application to be approved by your Manager and then HR before submitting it to Registration.
- Pre-registration forfeits the use of this fee waiver.
- Please submit your application 1 week prior to the course start date to ensure your application is processed.
- Fee Waiver registration will not be processed until three (3) days prior to course start date.
- Please note that termination of employment will cancel any active Tuition Waiver.
- Enter only one course per form
- You must be an employee with the Institute when the course ends.

| **Banner ID** A | **Email Address** | |
|---|---|---|
| **Name (Last, First & Middle Initial)** | | |
| **Department** | **Phone** | **End Date** |

Credit Courses: I realize only the tuition and ancillary fees will be waived and other fees may apply. I also realize the value of the tuition may be a taxable benefit. I agree to follow and be bound by the provision of the BCIT policy and the terms of the Collective Agreement. I agree to pay all other fees associated with my registration and enrollment at the institute.

| **Citizenship/Language** | | **Aboriginal Status** |
|---|---|---|
| Status in Canada | Country of Citizenship | Do you identify yourself as an Aboriginal person? |
| ○ Canadian Citizen | | |
| ○ Diplomatic or Official Visa | | ○ Yes ○ No |
| ○ Live-in Caregiver Work Permit | | If you identify yourself as an Aboriginal person, |
| ○ No Status in Canada | Country of Birth | are you (please check all that apply): |
| ○ Permanent Resident | | ○ First Nations |
| ○ Refugee Claimant | | ○ Metis |
| ○ Refugee Status | | ○ Inuit |
| ○ Refugee Status with Study Permit | Is English your primary | Please send me information on services available |
| ○ Study Permit | language? | to Aboriginal students. |
| ○ Visitor Status | ○ Yes ○ No | ○ Yes |
| ○ Work Permit | | ○ No |

**Applicant Signature**

**HR Confirmation**

| **Course Information – Only One Course Per Form** | |
|---|---|
| **Term Starting Date** | Check One: Fall (August 1 to December 31) ◯<br>Winter (January 1 to March 31) ◯<br>Spring (April 1 to July 31) ◯ |
| **Course Reference Number (CRN)** | (i.e. 12345) |
| **Course Name** | (i.e. COMP 1234) |
| **Course Start Date** | |
| **Date Registered (to be completed by the Registration Office only)** | |
| | |
| **Department Authorization** (required before bringing to Human Resources or Registration)<br>Job Related ◯ (Non-taxable) Not Job Related ◯ (Taxable) | |
| **Manager's Name and Signature** | |

Once registered the registration office will send you an email confirmation. Should the course be full or cancelled you will be notified.