TUITION WAIVER
RECIPROCAL APPLICATION

As a full-time employee of Clark Atlanta University, I am requesting a waiver of tuition for my ( ) son / ( ) daughter / ( ) ward _____ SS#_____ to attend _____ for the ( ) Fall or ( ) Spring semesters in the _____ academic year in the amount of tuition only.

In order to receive a tuition waiver, I understand that my son/daughter/ward must execute the Georgia Tuition Equalization Grant Application within the specified time and follow all application procedures required by their school of attendance.

I further understand that if my employment terminates voluntarily within two years of the completion of a course or degree program, I must refund the University the full amount of all tuition waiver benefits received within the last two semesters of attendance. If my employment terminates on an involuntary basis, this benefit may continue for the current academic semester of enrollment at the discretion of the Director of Human Resources, unless terminated for cause, in which case this tuition waiver is rescinded and tuition for the remainder of the academic year is payable in full.

_____ _____
Print Employee Name Signature

_____ _____
Department Date

~APPROVED~

_____ _____
Vice President, Finance & Administration Date
Clark Atlanta University

~ACCEPTED~

_____ _____
Vice President for Business & Financial Affairs Date

_____
Name of Institution