



TEXAS SOUTHMOST COLLEGE
DEPENDENT FREE TUITION APPLICATION

To be completed by employee, approved by supervisor, and returned to the Office of Human Resources along with a Statement of Charges and the most recent tax return establishing eligibility for dependent.

TSC Employee Name: \_\_\_\_\_ Colleague ID# \_\_\_\_\_

Division & Department: \_\_\_\_\_

Home Address: \_\_\_\_\_
Street City State Zip

Dependent's Name: \_\_\_\_\_ Colleague ID: \_\_\_\_\_

Dependent's Relationship to Employee [ ] Spouse [ ] Unmarried Child or Step-Child under 25

Term and Year: \_\_\_\_\_

Name of Course(s) for Tuition Waiver:

\_\_\_\_\_ Days/Times
\_\_\_\_\_ Days/Times
\_\_\_\_\_ Days/Times
\_\_\_\_\_ Days/Times
\_\_\_\_\_ Days/Times

If the dependent is a child, did you claim him/her on your latest tax return? [ ] Yes [ ] No

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Vice President's Signature Date

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Has this employee actively worked full-time for 12 mos? Yes No

\_\_\_\_\_  
Chief Human Resources Officer Date Approved