

**MCNEESE STATE UNIVERSITY
FEE EXEMPTION APPLICATION FOR DEPENDENTS OF FACULTY AND STAFF EMPLOYEES**

SEMESTER AND YEAR _____

DEPENDENT NAME _____

DEPENDENT BANNER ID # _____

RELATIONSHIP OF DEPENDENT TO EMPLOYEE _____

EMPLOYEE NAME _____

EMPLOYEE BANNER ID # _____

RANK OR TITLE _____

DEPT. EMPLOYED _____ EXT. _____

Is dependent a McNeese permanent employee? ___Yes ___No If Yes, submit Applicaton for Employee Fee Waiver/Authorization to Take University Classes.

Is dependent claimed on your tax return for the previous year? ___ Yes ___ No If Yes, submit a copy of pages 1 and 2 of signed tax return.
If No, provide additional explanation and supporting documents for determination of eligibilty of exemption. For example, divorce decree, adoption papers, etc.

Is dependent in good academic standing and not on academic probation or suspension? _____ Yes _____ No

EMPLOYEE CERTIFICATION:

I certify that this application is just and true in all respects. I certify that my dependent is eligible to receive this exemption for the semester listed above based on the University's Employee Tuition and Fee Policy.

DEPENDENT CERTIFICATION:

I certify that I am in good academic standing and not on academic probation or suspension. I give the University permission to release my academic standing to the McNeese employee (parent, spouse, etc.) filing this application on my behalf.

Employee/Applicant Signature

Date

Dependent/Applicant Signature

Date

*****DO NOT WRITE IN THE SPACE BELOW (FOR OFFICE USE ONLY)*****

Good Academic Standing?

___ Yes ___ No

Verified By: _____

Date: _____

McNeese Employee?

___ Yes ___ No

Verified By: _____

Date: _____