Attachment A

**Marylhurst University Tuition Waiver Benefit Request**

**By**

**Clackamas Community College (CCC) Employee**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCC Employee Name (PRINT) Marylhurst University ID #

This form verifies that the employee named above is eligible to receive 1/3 tuition waiver toward one (1) academic term at Marylhurst University.

Academic Term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verified by the Division of Human Resources / Clackamas Community College on:**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: 503-594-\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note to CCC Employee: This completed and signed form must be submitted to Marylhurst University at the time you register for classes. A new form is required for each academic term in which a waiver is requested***.