



9 Walters Avenue, Unit 5075  
Storrs, CT 06029-5075  
Telephone: (860) 486-3034  
Fax: (860) 486-0378

## UConn Reciprocal Tuition Agreement with University of Rhode Island and University of Maine, Orono for Dependent Children

**Deadlines: Fall Semester – June 1      Spring Semester – November 15**

### Part I. Certification by Employee/Parent

Please select as appropriate

Managerial/Confidential     UCPEA     Faculty

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Job Title: \_\_\_\_\_  Part Time     Full Time

Department: \_\_\_\_\_ Unit Code: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

YEAR \_\_\_\_\_ SEMESTER  Fall     Spring

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

*First, MI, Last*

Semester Standing: \_\_\_\_\_

*i.e. Sophomore Year, 1<sup>st</sup> Semester*

School (select one):

- University of Rhode Island
- University of Maine, Orono Campus

I hereby certify that the applicant requesting a waiver is my dependent child as defined by the IRS. I understand that I may be asked to submit a copy of the pertinent section of my income tax return and legal proof of my relationship with this individual at any time in the future. If this request is made, I agree to provide the information within three working days.

Please note that if not provided, the employee will be responsible for the total value of all approved dependent child tuition waivers.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Part II. Certification by Human Resources

This is to verify that the applicant is an employee of the University of Connecticut and is eligible for a \_\_\_\_\_ % tuition waiver for the above named dependent Child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_