

# CONTRACT INSTRUCTOR TUITION WAIVER

For Contract Instructors who are members of CUPE 4600 (Unit 2)

<b>SECTION A – Student Information</b>					
Name			Student Number		
Address: Number And Street		City	Prov	Country	Postal Code
Hire Date (yy/mm/dd)		Date Of Birth (yy/ mm/dd)		Employee Number	
<p><b>In order to be eligible for the Tuition Waiver, you must have:</b></p> <p><b>a) taught at least three (3) full credit courses or equivalent in the bargaining unit during the previous thirty-six (36) months;</b></p> <p><b>b) taught at least one course during the twelve (12) month period immediately preceding the application for Tuition Waiver.</b></p>					
Please complete the appropriate section below:					
A) Course taught: _____		Term Date: _____			
Course taught: _____		Term Date: _____			
Course taught: _____		Term Date: _____			
<b>B. Have you participated in this plan during the last twelve (12) months? Please check the appropriate box:</b>					
<input type="checkbox"/> Yes		Term Date: _____		<input type="checkbox"/> No	
<input type="checkbox"/> I am applying for tuition waiver for the following term:		Term Date: _____			
<b>SECTION B – Student Status</b>					
<input type="checkbox"/> Undergraduate		<input type="checkbox"/> Part-time			
<input type="checkbox"/> Graduate		<input type="checkbox"/> Full-time			
Program: _____		Year: _____			
<b>SECTION C – Declaration</b>					
I hereby apply to participate in Carleton University's Contract Instructor Tuition Waiver Program and I certify that the information provided is true in all material respects.					
_____ Signature Of Applicant			_____ Date		
<b>SECTION D – Registrar's Office Verification</b>					
I certify that the above-named student is in a degree program as indicated above.					
_____ Signature of Registrar's Office			_____ Date		
<b>SECTION E - Human Resources Eligibility Verification</b>					
I certify that the above-named student meets the criteria for the Contract Instructor Tuition Waiver					
_____ Signature of Human Resources			_____ Date		

**Process:** Complete form and obtain verification signature from the Registrar's Office.

**Submit to:** Carleton University Human Resources, 501 Robertson Hall, 1125 Colonel By Drive, Ottawa, Ontario, K1S 5B6

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Assistant Director, Employee Services, FIPPA Representative for Human Resources, Room 507 Robertson Hall, (613)520-2600 x8635. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.