



CISCO COLLEGE

Cisco College Tuition Waiver

Employee and/or Dependent Certification

FORM MUST BE SUBMITTED FOR EACH TERM

Name of Student: _____ Student ID: _____

Term: Fall 2025 Spring 2026 Summer I 2026 Long Summer 2026 Summer II
2nd 8 wks. 2nd 8 wks.

Courses Desired:	Days:	Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for taking courses: Personal growth Professional development Degree seeking
 Dual credit Other (please explain) _____

I, _____, have read and understand the conditions set forth by Policy 4.3 in the Cisco College Policy Manual. I also understand that I must complete a yearly FASFA. Waivers are less financial aid. Student must maintain a 2.0 GPA.

The student named above is (mark all that apply)

Full-time employee Spouse Dependent
 Under age 25
 Unmarried

Employee Name: _____ Department: _____
(Please Print)

Employee Signature _____ Date _____

Direct Supervisor Approval _____ Date _____

Executive Level Approval _____ Date _____