



Berklee

TUITION DISCOUNT & WAIVER FORM--DEPENDENTS

Faculty: Bring completed form to Academic Affairs 1140 Boylston, 6Z

Staff/Chairs: Send completed form to Office of Human Resources – MS-855-HR **Deadline:**

Forms must be received 30 days prior to start of course

☐ Faculty

☐ Staff/Chair

☐ Full-time

☐ Part-time

Note: The Tuition deposit is still required for accepted applicants who are children of faculty/staff members, as the Office of Admissions uses this deposit as a confirmation of the applicant's intent to enroll at Berklee. This deposit will go towards non-tuition related expenses. Due dates for the applicable semester are as follows: Fall – **July 25**; Spring – **December 15**; 12 Week – **April 20**; **5 Week – May 15**.

N A M E	Faculty/Staff First Name			Middle	Faculty/Staff Last Name		Berklee Email
	Department			Phone Number		Mailstop	
	Dependent's First Name			Middle	Dependent's Last Name		Berklee Student ID Number
	Dependent's Relationship to Faculty/Staff:			<input type="checkbox"/> Spouse <input type="checkbox"/> Child			

P R O G R A M	<input type="checkbox"/> Degree Course		<input type="checkbox"/> Certificate Program	
	Contact the Registrar's Office to complete your course registration			
	Term Begins (yyyy) _____		Program Name _____ Program Start Date _____	
	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> 12 Week	<input type="checkbox"/> Summer Program

S I G N A T U R E S	By signing this form, I certify that the above-named student is my legal spouse or unmarried dependent child within the meaning of Federal Income Tax Law.			
	x _____ Faculty/Staff		Date _____	
	x _____ SVP for Academic Affairs (Faculty only)		x _____ Human Resources (Staff only)	
	Date _____		Date _____	

I N T E R N A L	For Academic Affairs Use Only:				
	Applicable Faculty Contract Section: <input type="checkbox"/> XXX, A.3 <input type="checkbox"/> XXX, A.4 <input type="checkbox"/> XXX, B.4 <input type="checkbox"/> XXX, B.5 <input type="checkbox"/> XXX, B.6				
	Initials: _____				
	Copies to Registrar				
	For Office Use Only:				
	Faculty: 11-05-055101-64023005-1 Staff/Chairs: 11-05-055101-64033005-1				
	Discount: _____ % (_____ completed years FT service)				
	Processed By: _____ Date: _____				