

## Application for Tuition Reduction – Spouse or Dependent

Employee name	
Employee ID	
Student's name	
Student ID	
Student email address	
Student mailing address	
SIN number	
Relation to employee	

## Course/Program Details

Name of program	
NBCC campus	
Date of term applying for	

## Other

Has your spouse / dependent received a tuition reduction from NBCC in the past? If yes, please provide date	Yes	No
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## Signatures

Signature of employee:	
Approval from Human Resources:	

## For Registrar's Office

Fees are paid in full	<input type="checkbox"/>	
Student in good standing	<input type="checkbox"/>	
		<hr style="width: 30%; margin-left: auto; margin-right: 0;"/> Associate Registrar