

Application for Tuition Reduction – Spouse or Dependent	
Employee name	
Employee ID	
Student's name	
Student's ID	
Student's date of birth (yyyy/mm/dd)	
Student's email address	
Student's mailing address	
Student's 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 <input type="checkbox"/> No <input type="checkbox"/>
Signature of employee:	
*Please forward completed forms to payroll@nbcc.ca	
For Official Use Only	
Approval from Employee Services:	
For Registrar's Office	
Fees are paid in full <input type="checkbox"/>	
Student in good standing <input type="checkbox"/>	_____
	Associate Registrar