



Office of Financial Aid

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Student Name (Last, First) Student ID Number

2025-2026 Employee Dependent/Spouse/Domestic Partner Tuition Waiver Benefit Form

As a benefit to your full-time (full-time is classified as a minimum of 3/4 time or 1,560 hours per year) employment at Stephens College, your dependent, spouse, or domestic partner may be eligible to have their tuition waived up to 100% for courses taken at the College.

Section A: To be completed by Stephens College employee

Table with 2 columns: Field Name, Value. Fields include Name of Employee, Employee's Date of Birth, Student's Degree/Academic Program, Term Seeking Benefit.

I understand the following:

- Benefit begins six months after an employee's hire date.
Students must meet all admission requirements at the time of application.
Tuition is waived at 100% for full-time students and 80% for part-time students.
Students are required to submit application materials for federal and state aid (FAFSA).
Full-time dependent students must live on campus and have a meal plan.
Students may receive the tuition waiver for up to eight (8) semesters of full-time equivalent enrollment.
The employee must remain employed at Stephens College while the dependent is enrolled in classes.
If an employee resigns or is terminated for any reason, the tuition waiver will continue only until the end of the semester that the termination occurred.
If an employee retires, becomes permanently disabled, or dies and their dependent has not yet matriculated, the dependent may receive a tuition waiver.
All tuition waivers are subject to the tax laws applicable at the time of the waiver.

I understand the above and grant permission to Human Resources to provide the information requested below to the Office of Financial Aid regarding my employment status.

Employee Signature

Date

After you have completed Section A, please send to Human Resources for further processing ONLY AFTER your student/spouse/domestic partner has registered for courses for the term you are seeking the benefit.

**Section B: To be completed by Stephens College Human Resources**

<b>Is the employee named above actively employed in a full-time position?</b>	
<b>Employee Hire Date</b>	
<b>Is the employee named above eligible for the benefit?</b>	

The Stephens College Office of Financial Aid reserves the right to require additional documentation and/or confirmation of the validity of the information provided.

I certify that all the above information is accurate to the best of my knowledge as of this date.

\_\_\_\_\_  
Print name and title at Stephens College

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**FOR OFFICE OF FINANCIAL AID USE ONLY**

Term Processed: \_\_\_\_\_

ITFACSTTW Amount Added: \$ \_\_\_\_\_

*To calculate amount of waiver, look up tuition (tuition ONLY—do not include fees) charge in PowerCampus. Subtract all federal, state, and institutional gift aid. Amount remaining will be the ITFACSTTW amount.*

FA Staff Initial: \_\_\_\_\_

Provide completed copy to Human Resources