

POSTDOCTORAL FELLOW TUITION WAIVER

For Postdoctoral Fellows who are members of PSAC 77000

SECTION A – Student Information			
First Name	Last Name	Employee Number	Department
Address: Number And Street		City	Postal Code
		Prov	Country
Email		Phone Number	
Date Of Birth (yyyy/ mm/dd)	Contract Start Date (yyyy/mm/dd)		Contract End Date (yyyy/mm/dd)
SECTION B – Course Information			
<p>Postdoctoral Fellows are eligible for a tuition waiver for Carleton University credit courses up to 0.5 credits per academic year. An academic year begins on September 1st and ends on August 31st and is divided into three terms: Fall term (September – December), Winter term (January – April), and Summer term (May – August)</p>			
Please provide information about the course for which you are requesting the tuition waiver:			
Course Name: _____		Term Dates: _____	
Course Number: _____			
Have you received this benefit during the current academic year as defined above?			
<input type="checkbox"/> Yes Term Dates: _____		<input type="checkbox"/> No	
SECTION C – Declaration			
I hereby apply to participate in Carleton University's Postdoctoral Fellow Tuition Waiver Program and I certify that the information provided is true in all material respects.			
_____		_____	
Signature of Applicant		Date	
SECTION D – Registrar's Office Verification			
I certify that the above-named student is enrolled in a course as indicated above .			
_____		_____	
Signature of Registrar's Office		Date	
SECTION E - Student Accounts Eligibility Verification			
I certify that the above-named student meets the criteria for the Postdoctoral Fellow Tuition Waiver			
_____		_____	
Signature of Student Accounts		Date	

Process: Complete form and obtain verification signature from the Registrar's Office.

Submit to: Carleton University Student Accounts, 301 Robertson Hall, 1125 Colonel By Drive, Ottawa, Ontario, K1S 5B6

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Assistant Director, Employee Services, FIPPA Representative for Human Resources, Room 507 Robertson Hall, (613)520-2600 x8635. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.