# POSTDOCTORAL FELLOW TUITION WAIVER

For Postdoctoral Fellows who are members of PSAC 77000

## SECTION A – Student Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Employee Number</th>
<th>Department</th>
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<thead>
<tr>
<th>Address: Number And Street</th>
<th>City</th>
<th>Prov</th>
<th>Country</th>
<th>Postal Code</th>
</tr>
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<tr>
<th>Email</th>
<th>Phone Number</th>
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<thead>
<tr>
<th>Date Of Birth (yyyy/mm/dd)</th>
<th>Contract Start Date (yyyy/mm/dd)</th>
<th>Contract End Date (yyyy/mm/dd)</th>
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## SECTION B – Course Information

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)

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?

- [ ] Yes  **Term Dates:** ____________________________________
- [ ] 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.