

Section A – Student Information					
First Name		Last Name		Employee Number	Department
Address: Number and Street			City	Province	Postal Code
Email			Phone Number		
Date of Birth (YYYY/MM/DD)			Contract Start (YYYY/MM/DD)		Contract End (YYYY/MM/DD)

Section B – Course Information
<p><b>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)</b></p> <p>Please provide information about the course for which you are requesting the tuition waiver:</p> <p>Course Name: _____ Term Dates: _____</p> <p>Course Number: _____</p> <p>Have you received this benefit during the current academic year as defined above?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Term Dates if answered yes: _____</p>

<b>Section C – Declaration</b>	
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

<b>Section D – Human Resources Eligibility Verification</b>	
I certify that the above-named student meets the criteria for the Postdoctoral Fellow Tuition Waiver	
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> Signature of Human Resources	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> Date

Submit to: Carleton University Human Resources

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