



**Pima County Community College District**  
**Employee/Spouse/Child**  
**Adjunct Faculty**  
**TUITION EXEMPTION FORM**

DATE: \_\_\_\_\_

TERM \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ Pima ID #: \_\_\_\_\_

SPOUSE/CHILD NAME: \_\_\_\_\_ Pima ID #: \_\_\_\_\_

Course No. (CRN)	Course Title	Time	Days	Credits

I have read and understand all the requirements for eligibility. My signature below certifies that this request meets all of the stated requirements for eligibility.

\_\_\_\_\_  
*Employee Signature (required for all exemptions)*

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
*Supervisor/Administrator Signature ( not required for spouse/child exemptions)*

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
*Campus Administrative Services/ Human Resources Authorization ( required)*

\_\_\_\_\_  
 DATE

**TO BE COMPLETED BY CAMPUS ADMINISTRATIVE SERVICES/HUMAN RESOURCES (CHECK ONE)**

<input type="checkbox"/> 100 Administrators	<input type="checkbox"/> 300 Staff- exempt
<input type="checkbox"/> 101 Administrators/ Spouse/Child*	<input type="checkbox"/> 301 Staff- Exempt Spouse/child*
<input type="checkbox"/> 200 Faculty- Full-time	<input type="checkbox"/> 302 Staff- Non-Exempt
<input type="checkbox"/> 201 Faculty- Full-time Spouse/Child*	<input type="checkbox"/> 303 Staff- Non-Exempt/ Spouse/Child
<input type="checkbox"/> 202 Faculty-Adjunct ( Limited to 6 cr hrs.)	<input type="checkbox"/> 400 CTD
<input type="checkbox"/> *Child must be a qualified dependent of employee Spouse/Child exemptions NOT applicable to adjunct faculty	<input type="checkbox"/> 401 CTD Spouse/Child*

Note: Employees must obtain supervisor signature, AND either the signature of an authorized Campus Administrative Services or Human Resources representative.