

**UNITY COLLEGE**  
**DEPENDENT REQUEST TO ENROLL IN COURSES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I wish to enroll in the following course(s) for \_\_\_\_\_ semester.

<u>Course #</u>	<u>Course Title</u>

I understand that if this request is approved, tuition and application fee will be waived. I am prepared to pay all other charges (course fees, books, and course materials).

\_\_\_\_\_  
Signature Date

**TO BE COMPLETED BY DEPENDENT. CHOOSE (A) OR (B)**

(A) I am applying for tuition waiver as a dependent of an employee who has been employed full-time by Unity College for at least one continuous year.

Employee's Name: \_\_\_\_\_

Relationship to Dependent: \_\_\_\_\_

(B) I am applying for tuition waiver as a dependent of a member of the Board of Trustees of Unity College.

Name of Board Member: \_\_\_\_\_

Relationship to Dependent: \_\_\_\_\_

The above named individual qualifies as a dependent of a regular full-time employee with at least one year of service or a dependent of a member of the Board of Trustees.

Human Resources: \_\_\_\_\_

Signature

Date

( ) The above named individual/parent/Board of Trustee member has met with me to determine ineligibility for Financial Aid for the current academic year, or

( ) I verify this dependent is applying for Financial Aid.

Financial Aid: \_\_\_\_\_

Signature

Date

This dependent is cleared to register in the course(s) listed above.

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date