



UST CATHOLIC SCHOOLS TUITION WAIVER PROGRAM TUITION WAIVER APPLICATION

(Completed by University of St. Thomas Full-time Faculty or Staff Members)

Date: ____ / ____ / ____

Name of University of St. Thomas Employee: _____

Employee's Position at the University: _____

Department: _____

UST Phone Number: _____

Employee's UST Email Address: _____

Home Address: _____

City/State/Zip: _____

Phone Number: _____

Intended School: _____

By my signature, I certify that the information pertains to me as an employee of UST and is accurate.

Signature: UST Employee

Date

By my signature, I certify that the above named employee is a full-time employee in good standing at the University of St. Thomas.

Signature: UST Director of Human Resources

Date

UST EMPLOYEE: PLEASE SUBMIT COMPLETED FORM TO SCHOOL OF INTEREST