

# English Language Institute

## Faculty/Staff Fee Waiver Form

**Calendar Year:** \_\_\_\_\_ **Semester:** Fall Spring Summer

This English Language Institute (ELI) fee waiver is available to current eligible Faculty and Staff as well as their spouse/dependents.

As a non-credit program, the ELI charges no Maryland state tuition. The published cost of instruction per hour of instruction is a fee independent of resident and non-resident tuition rates. Eligible employees and their spouses/dependent children are eligible for ELI fee waiver to the amount equal to the current undergraduate Maryland resident tuition rate. Any additional ELI fee cost amount above current undergraduate Maryland resident tuition rate is considered a fee and will be charged to the student account. The ELI Fee Waiver cannot be used in the same semester the Tuition Remission benefit is being used.

**Faculty/Staff Name & ID:** \_\_\_\_\_

**Faculty/Staff Hire Date:** \_\_\_\_\_

**Student Name & ID:** \_\_\_\_\_

### DEFINITIONS:

For the eligibility to receive a ELI fee waiver, the following definitions apply:

A. Dependent Child: The son/daughter, stepson/stepdaughter or legally adopted son/daughter of a current SU Faculty or Staff employee who:

1. Is under the age of 26 prior to the institution's deadline for registration for courses in the semester or term for which tuition remission has been requested, or,
2. If the child is 26 or older, is claimed as a dependent on the employee's federal income tax return for the year(s) in which tuition remission is granted.

B. Spouse: A person in a legally contracted marriage recognized by the State of Maryland to a current SU Faculty or Staff employee, with the exception of an estranged spouse who maintains a separate domicile.

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*By signing below, you (the Faculty or Staff employee) acknowledge, the spouse/dependent meet the definition criteria written in this application.*

**Faculty/Staff signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ELI Representative approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HR approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_