



The University of Texas at El Paso
Office of Student Financial Aid
Active Fireman Waiver

Name _____

Student ID # _____

Job Title _____

Phone _____

1. What degree are you planning to pursue? _____

2. Explain how this relates to your present job or promote personal career enhancement.

3. Term: _____ 20____ (ie: Fall 2009); you need to submit an application per semester.

4. Attach the following documents:

- a. Copy of current employee id(front and back)
- b. Copy of current Fire Protection Certification

I hereby agree to participate in only one tuition assistance waiver program in the term I am applying for. I understand that by accepting this waiver at UTEP, I authorize any funds received must first be used to meet obligations to the University. I also understand that false and misleading statements or failure to inform UTEP of any other outside resources will result in cancellation of the waiver. I acknowledge that if I receive another waiver while under the Active Fireman waiver, I will be held responsible for paying back all or part of the Active Fireman waiver.

Signature

Date

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Hrs. enrolled: _____

Amount: _____

Initials: _____



Supervisor's Comments

Carefully review and consider this request for tuition assistance.

All signatures must be present for consideration.

Immediate Supervisor

Does the degree/ course of study directly relate to significant and critical aspects of the employee's job or will it assist the employee in normal promotional progression?

Yes

No

Name (Print)

Signature and Date

Phone

Department Director/ Chief

Please indicate your assessment on the information provided by the employee and their supervisor:

Agree

Disagree

Additional Comments: _____

Signature

Date