

**Rice University**  
**Application for Spouse/Partner Tuition Waiver/Audit**

Employees should initiate this application requesting permission for his/her spouse/partner to take a free course at Rice University. Once **ALL** the appropriate signatures have been obtained send the original form to Human Resources at MS-92. The Registrar's Office will need a copy of the approved application.

Employee Name: \_\_\_\_\_ Faculty      Staff      Retiree

Employee ID: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Dept./School/Division: \_\_\_\_\_ Position: \_\_\_\_\_

Mail stop: \_\_\_\_\_ Extension: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

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Spouse/Partner's Name: \_\_\_\_\_

Spouse/Partner's last four digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Approval requested to register for a free course during the semester listed below:

20\_\_\_\_                      Fall Semester                      Spring Semester

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\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Partner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty or Department Chair's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date