



Office of the Registrar

Rice Employee Tuition Waiver and Registration

INSTRUCTIONS

- Read [Policy 409 - Tuition Waiver](#).
- Check the Course Schedule: <https://courses.rice.edu> to find the correct course. Spouses/Partners can only audit courses.
- Complete the appropriate [Visiting Student Application](#).
- Fill out the information (below). Spouse/Partner applications must contain the employee information.
- Obtain the instructor's permission by signature (below).
- Upload the complete form to the online Visiting Student Application or turn the original in to the Office of the Registrar. If not received before the Friday of the second week of classes, the student will not be registered for the course. Do not submit to Human Resources.
- Check your email for confirmation that you have been registered for the course that you have selected.
- Be aware of all [Academic Calendar](#) deadlines.

EMPLOYEE INFORMATION

Employee ID: _____ Employee Name: _____
Last Name First Name Middle Name

Employee Email: _____ Employee Phone: _____

Employee Type: Faculty Staff Retiree Requesting Benefit for: Myself Spouse/Partner

SPOUSE/PARTNER INFORMATION

*Complete this section **only** if you are requesting permission for your spouse/partner to take a course at Rice University using your Rice Benefit.*

Student ID: _____ Name: _____
(if known) Last Name First Name Middle Name

Email: _____ Phone: _____

COURSE REQUEST

Registration Type (select one): Credit (Employee Only) Audit (Employee or Spouse/Partner)

Semester and Year	CRN	Subject Code	Course Number	Section	Instructor Information
					Name: _____ Signature: _____

SUPERVISOR/DEPARTMENT APPROVAL

The employee named above is an employee of this department and has approval to register for a course or allow his/her spouse/partner to audit a course under Rice University Human Resources Policy No. 409. If the benefit is being used for himself/herself, the employee has made all appropriate arrangements to cover any period of time away from work during normal business hours.

Supervisor Name: _____ Supervisor Signature: _____
Date

ACKNOWLEDGEMENT SIGNATURES

Employee Signature: _____
Date

Spouse/Partner Signature: _____
(if applicable) Date