



Tuition Exemption Privilege Request Form

Please use this form to request EAC tuition exemption privileges. The Graham County Community College District Governing Board has made tuition, including out-of-state, exemption privileges available for the following students enrolled in District-sponsored College classes. Please print or type. If you have questions, please call the Records and Registration Office at (928) 428-8270 or (800) 678-3808, Ext. 8270.

Board Member or Employee															
Name Board Member or Employee: (First Middle Last)	EAC Student ID #:														
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Eligible Persons Category (check one):</td> <td style="width: 40%; text-align: right;">Tuition Exemption Privileges</td> </tr> <tr> <td><input type="checkbox"/> Graham County Community College District Governing Board Member</td> <td style="text-align: right;">District Tuition Scholarship</td> </tr> <tr> <td><input type="checkbox"/> Arizona Community College Board Member</td> <td style="text-align: right;">District Tuition Scholarship</td> </tr> <tr> <td><input type="checkbox"/> Full-time Arizona Community College Board Employee</td> <td style="text-align: right;">District Tuition Scholarship</td> </tr> <tr> <td><input type="checkbox"/> Retired Graham County Community College District Employee</td> <td style="text-align: right;">District Tuition Scholarship</td> </tr> <tr> <td><input type="checkbox"/> Full-time Graham County Community College District Employee.....</td> <td style="text-align: right;">ACCB Tuition Waiver</td> </tr> <tr> <td><input type="checkbox"/> Full-time EAC Foundation/Alumni Association Employee</td> <td style="text-align: right;">District Tuition Scholarship</td> </tr> </table>		Eligible Persons Category (check one):	Tuition Exemption Privileges	<input type="checkbox"/> Graham County Community College District Governing Board Member	District Tuition Scholarship	<input type="checkbox"/> Arizona Community College Board Member	District Tuition Scholarship	<input type="checkbox"/> Full-time Arizona Community College Board Employee	District Tuition Scholarship	<input type="checkbox"/> Retired Graham County Community College District Employee	District Tuition Scholarship	<input type="checkbox"/> Full-time Graham County Community College District Employee.....	ACCB Tuition Waiver	<input type="checkbox"/> Full-time EAC Foundation/Alumni Association Employee	District Tuition Scholarship
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_____ <i>Signature</i>	_____ <i>Date</i>														

Board Member or Employee Dependent[†]															
Name of Dependent Student: (First Middle Last)	EAC Student ID #:														
Relationship to Board Member or Employee:															
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[†] Dependents include the member or employee's spouse and unmarried dependent children under age 24. Proof of relationship may be required.															
I certify that I do qualify as a dependent of the person listed above.															
_____ <i>Signature</i>	_____ <i>Date</i>														

Authorization by GCCCD Official	
_____ <i>Signature</i>	_____ <i>Date</i>

Please do not write in this area; for EAC office use: Semester _____
