

Attachment A

**George Fox University MBA Tuition Waiver Benefit Request By  
Clackamas Community College (CCC) Employee**

\_\_\_\_\_

CCC Employee Name (PRINT)

\_\_\_\_\_

George Fox University ID#

This form verifies that the employee named above is eligible to receive 1/3 tuition waiver from Clackamas Community College while attending the George Fox MBA program.

Admit Term \_\_\_\_\_ Academic Year \_\_\_\_\_

**Verified by the Division of Human Resources / Clackamas Community College on:**

Date \_\_\_\_\_

Name \_\_\_\_\_ Signature: \_\_\_\_\_

Position Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email. \_\_\_\_\_

**Note to CCC Employee: This completed and signed form must be submitted to George Fox University at the time you register for classes for your first term.**