



# Tuition Waiver

## Human Resources

Employee's name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Last First Middle

SS#: \_\_\_\_\_

If spouse: \_\_\_\_\_ ID#: \_\_\_\_\_  
Last First Middle

SS#: \_\_\_\_\_

Employment Status:  Faculty  Professional  Support  Spouse

Employee Type:  Regular  Temporary  Full-Time  Part-Time

Enrollment For:  Fall  Spring  Summer

Student Classification:  Graduate  Undergraduate

Is time off required during regular working hours?  Yes  No

\*Note: for audit course, enter the credit hours followed by the notation "Aud;" for non-credit course, enter "NC."

Course/Number	Section Number	Course Title	Credit Hours

Total number of credit hours to be taken (Number to include all hours being taken this session): \_\_\_\_\_

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_ Department account number \_\_\_\_\_

Supervisor's approval \_\_\_\_\_ Dean or director's approval \_\_\_\_\_ Human Resources' confirmation \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

**If you are taking more than six hours per session, please obtain area executive administrator's approval.**

Area executive administrator \_\_\_\_\_

**If you are enrolling for more than six credit hours you may be jeopardizing your status as an employee.**

Date \_\_\_\_\_

This form is for administrative use and does not establish limits for employment. The procedure for utilizing the Educational Assistance Program is outlined in the Administrative and Governance Policies and Procedures Manual.

After form is completed and all signatures obtained, this form must be copied to the following: Cashier, Department, Personnel