

TUITION WAIVER FORM FOR CLASSIFIED EMPLOYEES

Employees using the tuition waiver must first meet requirements and be admitted to the University. The signatures below are required and should be obtained prior to submitting this application. Upon receiving the tuition waiver/voucher, complete registration as required by the Registrar and Bursar. Upon successful completion of the course(s), submit a grade report to the Employee Benefits Office located in the Division of Human Resources, 316 College Hall.

Employee Name (Please print)	Social Security Number
Title	Department

I. COURSE INFORMATION: SEMESTER YOU ARE ATTENDING: _____

(A) COURSE TITLE _____ COURSE NUMBER _____
 Course Meeting Time _____ Number of Credits: _____
 Course Description (see Catalog) _____

COURSE TITLE _____ COURSE NUMBER _____
 Course Meeting Time _____ Number of Credits: _____
 Course Description (see Catalog) _____

(B) PLEASE CHECK ONE: The class schedule above will **not** require an adjusted work schedule.
 The employee's work schedule will be adjusted as follows:

II. APPROVALS. Your signature below indicates your review and approval of this request and employee's schedule.

EMPLOYEE SIGNATURE _____ DATE: _____

DIRECTOR OF ADMISSIONS* _____ DATE: _____
*(*Certifies admission to the University. Required only for the first semester of study.)*

SUPERVISOR _____ DATE: _____

DIVISION VICE PRESIDENT _____ DATE: _____

EMPLOYEE BENEFITS COORDINATOR: _____ DATE: _____