



Current Date

Human Resources Employee Tuition Waiver Application

Name Employee ID
Last, First, Middle *6 digit Number Found on Check or in YESS*

State Title

Department Campus Phone State

Supervisor Union Affiliation

Email Address

I am requesting tuition waiver for the following course: Course ID

Credits Days *Course Title* Time

Semester academic year Major

Are you presently matriculated in a degree program: Yes No Undergraduate Graduate

Is the above course required for your degree program? Is the above course work related?

Please complete for courses taken during work hours:

- The above course is authorized to be taken during regular working hours and time missed is to be made up within the same week. **(An attached memorandum signed by your supervisor stating how the time will be made up must be submitted with your waiver.)**
- The above course is directly related to employee's work duties. Time missed from employee's normal work hours does not have to be made up.

Upon completion of this course, I authorize the Human Resources Office to access and verify my grade report. In the event that

- 1) I leave the College's employment prior to completing the above listed course; or*
- 2) I receive a less than satisfactory grade as specified in the College's tuition waiver policy; or*
- 3) I do not complete the course for any reason,*

I acknowledge that this waiver shall become void and agree to pay all related tuition and fees. (Please note in instances where employees fail to make payment as stipulated in 1, 2, & 3 above, billing will be referred to a collection agency.)

Permission is hereby granted for the above named employee to enroll in the course indicated on a tuition waiver basis.

Employee's Signature: Date:

Supervisor's Signature: Date:

Human Resource's Signature: Date: