

APPLICATION FOR FEE WAIVER

I: [To be completed by the employee]

Employee Name _____

Social Security No. _____

Institution _____

I request approval to enroll in a course during the _____ term at _____ (institution). The course in which I wish to enroll is _____ (title and number), which carries _____ hours of credit and meets from _____ o'clock on _____ (days of week) from _____ (dates).

Undergraduate _____ Graduate _____ For Credit _____ Audit _____

I understand the conditions affecting my enrollment in this course.

Signature _____ **Date** _____

II. [To be completed by the employee's immediate supervisor]

This request is approved. I certify that _____ is a full-time employee of this institution who is under my direct supervision.

Name of supervisor _____

Title _____

Signature _____ **Date** _____

APPROVED:

Department Head/Director/Manager _____
Date

Human Resources Director _____
Date

DISTRIBUTION: Original to institution, 1 cy to employee, 2 cys to Human Resources