THE UNIVERSITY OF TENNESSEE SPACE INSTITUTE
Employee Request for Course Approval and Waiver of Fees

This form is used to request approval to enroll in courses for credit in accordance with the Educational Assistance (Fee Waiver) Policy No. 330.

INSTRUCTIONS: Please complete Sections I and II and forward to your Human Resources office at least 10 days prior to registration. The approved form will be returned to you.

You will be charged pro rata fees if you do not complete the above procedure during the scheduled registration dates (late registration fee). Employees who enroll for more than the specified number of hours per term will be charged the difference between the fee waiver and the cost of the total number of hours for which they are enrolled. Part-time regular faculty and staff working 50 percent time or more may enroll without payment of fees based upon their percent of effort as follows: 50-74 percent-up to 4 hours, 75-99 percent-up to 6 hours, 100 percent-up to 9 hours.

I. **EMPLOYEE** - Please complete this section as applicable.

Employee Name (please print)	SSN	Campus/Office Address
Department	Cost Center	Work Phone Extension

I hereby request approval for waiver of _____ (number) (may not exceed 9) hours of credit during the _____ (Sum/Fall/Wtr/Spr) term of _____ (year) at _____ (Name of Institution)

Employee Signature: _____ Date: _____

II **DEPARTMENT HEAD/SUPERVISOR** - Please complete this section. (Retirees omit this section.)
I approve this request. Satisfactory work schedule arrangements have been made to ensure that this employee will complete a full work schedule based on his/her percent full-time.

Dept. Head Signature: _____/Supervisor Signature: _____

Retired from UT _____ (campus) on _____ (date) with 10 or more years full-time _____ /part-time _____ service. If part-time provide percent of effort: _____

III. **HUMAN RESOURCES OFFICE** - Complete this section.

Regular Continuous Service Date: _____ Job Key: _____ Percent Full-time: _____

Human Resources Director: _____ Date: _____

IV. **TO DIRECTOR OF FINANCE/COMPTROLLER/BURSAR:** The University of Tennessee Space Institute will pay _____ percent of the tuition of the above-named employee to enroll for the course and during the quarter/semester stipulated above. It is requested that a bill for the above tuition cost be sent to the Human Resources office, University of Tennessee Space Institute, 411 B. H. Goethert Parkway, MS-11, Tullahoma, TN 37388-9700. Please note that tuition is waived for part-time employees on a pro-rata basis. Part-time employees are expected to pay a portion of tuition cost themselves. If any questions arise from this request, please call the UTSI Human Resources Office at (931) 393-7226.

Revised 02/25/03

Original - Registration, 2 copies - Human Resources