

Fee Waiver - PC 191



Name: _____
Last First M.I. Social Security No.
Department: _____ Account # _____
Job Title: _____
Phone: _____ Home _____ Work _____ Employment Date: _____ Full Time Yes No

I request to enroll in the following course offered at (institution) _____

Dept	Course No.	Index No.	Section No.	Credit	Course Title
From	To	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT		Semester Year
(Check Days Class Meets)					
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> For Credit	<input type="checkbox"/> Audit		

If this is a graduate course, please explain how it is related to your job:

I have been fully admitted to the above stated institution and understand the conditions affecting my enrollment in this course. If following my enrollment in a course and if upon verification of my enrollment status, I am found to be ineligible for this benefit, I will be responsible for payment of all previous waived fees plus any other applicable charges.

Applicant's Signature _____ Date _____

AUTHORIZATION SECTION

I certify that the above person is a full-time employee of this institution who is under my direct supervision

If the tax provisions discussed in the instructions apply, do you consider the course job related? Yes No

Immediate Supervisor's Signature _____ Date _____ Job Title _____

Dean, Department Head, or Vice President _____ Date _____

BUSINESS OFFICE

COST OF COURSE \$ _____ DATE _____

APPROVED BY: _____