

Employee Fee Waiver Form



Name _____
Last First M.I. ID No.

Department _____ Index# _____

Job Title _____

Phone _____ Home/Cell Work Employment Date _____ Full Time: Yes No

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

Course #	Title	Hours/CEUs	Class Period (time/days) (Example: TTH 9-10)

Semester _____ Year _____ Undergraduate Graduate

Alternate Work Schedule Requested Yes No (If yes, attach schedule.)

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

I have read and fully understand the requirements (as detailed in MTSU Policy 829, Education Assistance: MTSU Employee Tuition Waiver) related to my above stated request for educational assistance, including stipulations related to future use of the program, proof of satisfactory course completion, provision of receipts for reimbursement requests, and stipulations related to payback provisions.

Applicant's Signature _____ Date _____

AUTHORIZATION SECTION

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

I approve the above request and have addressed scheduling issues related to the employees' attendance in the class detailed in the above request.

Immediate Supervisor's Signature Date Job Title

I attest that the employee meets the program requirements for the stated request.

Dean, Department Head, or Vice President Date

BUSINESS OFFICE
Cost of course \$ _____ Date _____
Approved by: _____