Middle Tennessee State University
Employee/Retiree Audit/Non-Credit Form

Name: ____________________________________________________________      __________________________
      Last First M.I.                ID No.
Department: _____________________________________________________     Index #: _____________________
Job Title: _______________________________________________________________________________________
Phone: __________________   __________________   Employment Date: ______________ Full Time ___Yes ___ No
Home/Cell Work Retirement Date: _______________*

I request to enroll in the following course offered at Middle Tennessee State University (MTSU).

<table>
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<tr>
<th>Course #</th>
<th>Title</th>
<th>Hours/CEUs</th>
<th>Class Period (time/days) (Example: TTH 9-10)</th>
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______________       _________                 ___ Audit       ___ Job Related Non-Credit       ___Wellness Course
 Semester        Year                    ___Graduate ___Undergraduate
Alternate Work Schedule Requested:        ___ Yes        ___ No  (If yes, attach schedule.)

If this is a job related non-credit course, please explain how it is related to your job:

I have read and fully understand the requirements (as detailed in Policy 830) 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.

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.  *Retiree – Do not complete this section. Send form directly to Human Resource Services.

______________________________________________     ___________     __________________________________
Immediate Supervisor’s Signature Date Job Title

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

_________________________________   ______________          _____________________________   _____________
Dean or Department Head Date Vice President or Vice Provost      Date

EMPLOYMENT CERTIFICATION

Date of Regular Employment ________________     Percent Full-Time __________    Account No.________________
(6 Mo. Service Required)
Approved, Human Resource Services _____________________________ Date__________________

Revised 06/2019