RADFORD UNIVERSITY
Human Resources

EMPLOYEE TUITION WAIVER REQUEST

PR17, Revised 5/2022, Previous Editions Obsolete

You may not register for a course using tuition waiver prior to the first day of class. Waiver is invalid if you are pre-registered and a payment invoice has been generated by the Office of the Bursar.
Class size will not be increased to allow for enrollment of employees under the Tuition Waiver Policy.

Section I – Personal & Employment Information

Full Name	Email	RU ID Number

Work Phone Number	Job Title	Department	Supervisor Name

Section II – Enrollment Information

Student Status

- ☐ Undergraduate
- ☐ Graduate
- ☐ Non-Degree-Seeking

Name of Degree Program
(if applicable)

Term/Year of Requested Waiver

Fall	Wintermester	Spring	Maymester	Summer I	Summer II	Summer III	Fast-Track Term
☐	☐	☐	☐	☐	☐	☐	Select One Fall A Fall B Spring A Spring B

Academic Year _____ - _____

Section III – Course Information

Enter course information exactly as it appears in the Academic Affairs Course Catalog

Course Name	Prefix & Number (i.e. HIST 360)	Reference Number

Are you taking this for credit?

- ☐ Yes, how many? _____
- ☐ No

Class Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

Section IV – Certification & Approval

EMPLOYEE CERTIFICATION: *I request waiver of tuition for the above course. I have read, understand, and qualify for this waiver under provisions of the Employee Tuition Waiver Policy HR-PO-1404.*

Further, I understand that enrollment in graduate courses that exceed the IRS allowable educational benefit allowance will be included as a taxable fringe benefit income on a calendar year basis and I may be subject to federal and state taxes. *For questions on taxable fringe benefits please consult the Tax Compliance Office.*

Employee Signature _____ Date _____

SUPERVISOR APPROVAL: *The scheduling of this course will not interrupt or impede the normal work schedule of this department. This employee will make up the work time used to attend the class requested. I have discussed with this employee how s/he will make up work time to attend this class by schedule adjustment during the work week in which work time is missed or using personal leave balances at my discretion. The employee may use leave without pay if elected. The employee has my approval to take this course.*

Further, I certify that if the employee is an Adjunct Faculty member, s/he is also being paid to teach and/or work during the same session as the class requested.

Supervisor Signature _____ Date _____

Supervisor Name (Printed) _____

HUMAN RESOURCES: The employee named in this request meets eligibility criteria and is approved in accordance with the Tuition Waiver Policy.

Authorized HR Signature _____ Date _____