

Authorized HR Signature

EMPLOYEE TUITION WAIVER REQUEST

PR17, Revised 12/2022, Previous Editions Obsolete

Date _____

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.

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Section I – Personal & Employment Information Full Name Email RU ID Number						
			Email		RO ID Number	
Work Phone Number	Job Title	Dep	partment	Sı	upervisor Name	
Section II – Enrollment Information						
Student Status Term/Year of Requested Waiver						
	Tall Mintages		·			
Undergraduate	Fall Wintermes	ter Spring	Maymester	Summer II III	Fast-Track Term	
Graduate				- "	I	
Non-Degree-Seeking				┛┖		
IMPACT						
Name of Degree Program	Degree Program Start Month Academic Voor					
(if applicable)	Start Year					
Section III – Course Information						
Enter course information exactly as it appears in the Academic Affairs Course Catalog						
Enter course information exactly as it appears in the Academic Arians Course Catalog						
Course Name			Prefix & Number (i.e. HIST 360)		Reference Number	
Are you taking this for credit?		C	Class Schedule	L		
Yes, how many? Monday Tu		uesday	Wednesday Thursda		day Friday	
☐ No						
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.						