

Community College / State University
In-house Tuition and Fee Waiver Form

Full-time Staff

NAME: _____ SS#: _____

DEPARTMENT: _____ D.O.H. _____

I wish to enroll in the following course(s) for _____ semester 20____
and request a waiver of tuition and fees:

Course#	Course Title	Day/Time Course Meets
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVAL:

YES NO

___ ___ Supervisor: _____ Date: _____

___ ___ VP: _____ Date: _____

___ ___ Hum Res: _____ Date: _____

***APPROVAL IS MADE ON A SPACE AVAILABLE BASIS ONLY. ALL
FULL TIME EMPLOYEES ARE RESPONSIBLE FOR %50 OF FEES
WHEN ENROLLING IN A NON-CREDIT COURSE.**