

CONTINUING EDUCATION TUITION WAIVER APPLICATION FOR EMPLOYEES

Name _____ (Last, First, Middle Initial)	
Title _____	Employee ID _____
Department _____	Campus Ext _____
Email Address _____	Supervisor _____

Please Check One: Fall 20__ ; Spring 20__ ; Summer20__ (end date of class)_____

I am requesting tuition waiver for the following course(s):

Course Title and Course ID

1. _____ Day(s) _____ Time _____
2. _____ Day(s) _____ Time _____
3. _____ Day(s) _____ Time _____
4. _____ Day(s) _____ Time _____
5. _____ Day(s) _____ Time _____
6. _____ Day(s) _____ Time _____

In the event that I leave the College's employment prior to completing the above listed course(s), I acknowledge that this waiver shall become void and agree to pay all related tuition and fees. (Please in instances where employees fail to make payment as stipulated above, billing will be referred to a collection agency.)



REQUIRED SIGNATURES

Employee _____ **Date** _____

Supervisor _____ **Date** _____

Human Resources _____ **Date** _____

Date sent to ARR _____