

REQUEST FOR TUITION WAIVER

Employee Name : _____

Credit Hours	Course (e.g., Eng 100, Hist 151, etc.)	Days/Hours	Campus	Beginning/Ending Dates (MM/YR–MM/YR)

- _____ **Approved**
- _____ **Disapproved**
- _____ **Not Applicable** (if courses do not fall within employee's normal work hours)

Supervisor's Name, Title
(print or type)

Supervisor's Signature

Date