

**Employee Tuition Waiver and/or Permit to take a Class  
During Employee's Assigned Work Day**  
[per Board Policy #5511]

**Employee Name:** \_\_\_\_\_ **NUID #** \_\_\_\_\_

**I request that I be permitted to enroll for credit or audit in the following class:**

Class Title: \_\_\_\_\_ Semester/Session: \_\_\_\_\_ 20 \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Class Day and Time: \_\_\_\_\_

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**1. Employee Tuition Waiver Only.** I will *not* be taking the course during my scheduled work day.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Submit directly to the Vice President for Administration & Finance. No further action is needed.)

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**2. Employee Tuition Waiver request and I request permission to take the course during my scheduled work day.** (Check one of the following and sign where applicable).

- \_\_\_\_\_ a. No make-up time required: employee elects to take the course during his/her normal lunch hour and/or elects to deduct time off vacation time. (If not using lunch hour or vacation time for attending this course, see item "b.")
- \_\_\_\_\_ b. Make-up time is required: Must give specific details below on when and where make-up time will occur. (Make-up time must be at times other than regular assigned work day of the employee and must equal time off job).
- \_\_\_\_\_ c. This course is part of the employee's professional development and should be considered on-the-job training.  
(Requires signature of area Vice President).

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Area Vice President's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Area VP signature is required only if letter "c" is checked.)

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**3. Permission to take course only.** I am not asking for a Tuition Waiver, but I do desire to take the course during my scheduled work day. Make-up time is required. (Make-up time must be at times other than regular assigned work day of the employee and must equal time off job).

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE COMPLETED BY THE VICE PRESIDENT FOR ADMINISTRATION & FINANCE**

Final approval granted:      Yes                       No

If final approval is *not* granted, reason:

\_\_\_\_\_  
VPAF Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*NOTE:** The employee agrees to pay all fees, including any lab or material fees and the matriculation/admission fee if applicable. Tuition Waiver applies to Continuing Education classes only if it is a credit producing course.

pc: Financial Aid Director, VPAF, Employee. (Original held by Business Office)

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