SOUTHERN UNIVERSITY SYSTEM

CAMPUS	circle one ▶	SUS	SUBR	SUNO	SUSLA	SUAREC		SULC - EXEMPT

APPLICATION FOR FULL-TIME EMPLOYEE TUITION WAIVER

Employee's Name:		SSN:	

Employee's Mailing Address:	

Home Address, if different	

Home Phone No.	Work Phone No.	E-Mail Address:	Employee's Hire Date:

Employee's POSITION/TITLE:	Employee's Work Department

Employee Currently Seeking a Degree ?		YES		NO	

If Yes, Employee/Student Academic Plan:

Major/ Minor:		First Admit	

Pursuing:	(circle answer)	Associate	BA/BA	MA/MS	PhD	Other	

Current Classification	Freshman	Sophomore	Junior	Senior	Graduate	Special	Other	◀circle one

Hours Completed:		Expected Date of Graduation:	

Previous/Current Colleges Attended:		Credit Hours Earned	Degree Received	Field	Years Attended	Other

NOTE ·First time applicants MUST attach curriculum sheet* from catalog showing all courses to be taken in your program of study. ·All other applicants MUST attach a COPY of LAST GRADE REPORT showing grades for previously approved course(s).*

Course Information (List ALL-ONLY SIX (6) hours eligible for Tuition Waiver

Semester:		Year:	

Title	No.	Credit Hours	Title	No.	Credit Hours

*************EMPLOYEE'S REQUEST & CERTIFICATION*************

I, (employee's name) _____, SSN: xxx-xx-_____ certify that I am an employee in the (department) _____ and I am requesting approval to take the above listed classes. I am__/am not __ also requesting a tuition waiver for stated courses. In seeking a tuition waiver, I certify to pay the FEES and understand that:

(1) I am NOT eligible for both a tuition waiver and other financial aid; and

(2) I am expected to complete all undergraduate classes for which tuition waiver is granted with a grade of "C" or better or graduate classes for which a tuition waiver is granted with a grade of "B" or better to remain eligible for participation in this program; and

(3) I am eligible for a tuition waiver for classes taken at a Southern University Campus ONLY. I am requesting the use of Educational Leave & will submit a completed SU 628 Application for Leave Form; and

(4) I acknowledge to continue working at SU for any specified time the university designates after the courses are completed by way of my participation with tuition waiver benefit program.

▲EMPLOYEE'S SIGNATURE▲	▲DATE▲

NOTE: Submit this completed form and REQUIRED ATTACHMENTS* to the Human Resources Office after FEES have been assessed & PAID, along with providing COPIES OF YOUR BILLING STATEMENT(s).

THIS DISCOUNT/WAIVER IS APPLICABLE TO THE COST OF TUITION ONLY !

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SUPERVISOR'S CERTIFICATION AND APPROVAL

I, certify that (employee's name) _____ , SSN: xxx-xx-_____   (last 4 digits)
is a full-time employee in the (department) _____ and is approved to take these classes. By my
signature, I recommend him/her for a TUITION WAIVER for them (up to six hours ONLY).

SUPERVISOR'S SIGNATURE		DATE
▲		▲

*********FOR UNIVERSITY'S USE ONLY*********

Employee (Student) NAME: ►	
SSN:	

(1)	Total FEES Assessed		$
(2)	Tuition AMOUNT	$	
(3)	Less Tuition Discount **WAIVER for ____ HOURS**		$
(4)	FEE AMOUNT TO BE PAID (by Employee)		$

****CHECKLIST OF THE REQUIRED DOCUMENTS****

✓	(Check ALL as Applicable)					DATE
	(1) Application Complete		◄INITIAL		◄Renewal	
	(2) Billing Statement		◄Received		◄On File	
	(3) Curriculum Sheet		◄Received		◄On File	
	(4) Grades - Prior Semester		◄Received		◄On File	
	(5) Leave Form Application (Education Leave)		◄Received		◄#Hrs	
	(6) Employee's Request/Certification Signed		◄Received		◄On File	

APPROVED BY:	VERIFIED BY:
▲Human Resources Staff▲	▲Cashier▲

COPY DISTRIBUTION (Make 5 Copies)

			(1)	**CASHIER (GETS ORIGINAL)**			
			(2)	**HUMAN RESOURCES FILE**			
			(3)	**EMPLOYEE/STUDENT**			
			(4)	**EMPLOYEE'S DEPARTMENT**			
			(5)	**FINANCIAL AID**			

COMMENT(S) ●	
►	
►	