

SOUTHERN UNIVERSITY SYSTEM

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

*****REVERSE SIDE*****

APPLICATION FOR FULL-TIME EMPLOYEE TUITION WAIVER

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
	(2) Billing Statement	◀ Received
	(3) Curriculum Sheet	◀ Received
	(4) Grades - Prior Semester	◀ Received
	(5) Leave Form Application (Education Leave)	◀ Received
	(6) Employee's Request/Certification Signed	◀ Received

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) •

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