

APPLICATION FOR FEE WAIVER

I. [To be completed by the employee]

Employee Name _____

Social Security No. _____

Institution _____ Dept./Div. _____

I request approval to enroll in a course during the _____ term at _____ (institution/school). The course in which I wish to enroll is _____ (title and number), which carries _____ hours of credit and meets from _____ to _____ o'clock on _____ (days of week) from _____ to _____ (dates).

This course is for: Credit _____
 Audit _____
 Graduate _____
 Undergraduate _____

I understand the conditions affecting my enrollment in this course.

Signature _____ Date _____

II. [Approval Recommendation]

Immediate Supervisor: _____ Date: _____

Administrative Supervisor: _____ Date: _____

III. [Employment Certification]

Date of full-time employment: _____

Signature: _____ Date: _____

Director of Human Resources

Note to accepting institutions: This employee has been approved to participate in the PC-191 Program on a fee waiver basis only. The accepting institution/school will not be liable for any fees due as a result of the above employee's enrollment in the referenced class.