



REQUEST FOR FACULTY/STAFF TUITION WAIVER

This waiver request form must be completed and submitted for each semester.

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

XU ID: _____ XU Email: _____@xula.edu Date of Hire: ____/____/____

Employment Classification: Faculty Staff Department: _____

COURSE ENROLLMENT

Requesting Tuition Waiver For: Fall Spring Year: _____

Educational Level: Undergraduate Graduate Major Course of Study: _____

Course Number: _____ Course Title: _____

Course Schedule: Mon Tue Wed Thu Fri Sat

Credit Hours: _____ (class time) _____

Please explain how this course relates or will relate to your job assignments with the University.

I understand that only one course each semester is available to me tuition free as an undergraduate in the College of Arts and Sciences. I understand that one-third tuition waiver is also available to me for graduate level courses. I understand that the subject must be related to my work or anticipated future assignments and that the class can be taken during regular office hours. I understand that I am to attend class during designated class times. However, I may be exempted by my immediate supervisor due to work or other unavoidable circumstances. I am also aware that successful completion of this course will in no way guarantees my salary increase or job advancement with the University.

SIGNATURES

Employee's Signature: _____ Date: ____/____/____

Immediate Supervisor's Signature: _____ Date: ____/____/____

Dean/Admin Director/VP of Dept's Signature: _____ Date: ____/____/____

Please obtain all required signatures above, then forward form to the Office of Human Resources.

Fiscal Services (Student Accounts): _____ Date: ____/____/____

Associate VP of Human Resources: _____ Date: ____/____/____