



Employee Fee Exemption Request for Non-Credit Course

EMPLOYEE NAME: _____ LSU ID#: _____

POSITION TITLE: _____ DEPARTMENT: _____

COURSE(S) REQUESTED

Please list below the non-credit course you wish to enroll in for which you are requesting a fee exemption:

Table with 2 columns: Course, Time/Date(s)

EMPLOYEE SIGNATURE: _____ Date: _____

For courses during regular working hours only: Enrollment in non-credit courses during regular working hours is limited to work-related programs and requires the prior approval of the employee's immediate supervisor.

TO BE REVIEWED BY EMPLOYEE SUPERVISOR

Is this course job related? Yes _____ No _____

Approved by Immediate Supervisor? Yes _____ No _____

SUPERVISOR SIGNATURE: _____ Date: _____

Do Not Write Below For Continuing Education Review:

Date Received in the Office of Continuing Education: _____ Cont. Ed. Approval: Yes ___ No ___

If not approved, the reason based on policy explained in PS 61 is that

Itemized list of fixed costs that the employee must pay to Continuing Education to complete registration:

\$ _____ For _____

\$ _____ For _____

\$ _____ For _____

\$ _____ For _____

Signature: Director or Assistant to the Director of Continuing Education

Date