

LSUE EMPLOYEE REQUEST FOR TUITION AND FEE EXEMPTION

EMPLOYEE NAME: _____ EMPLOYEE ID: _____

SEMESTER: _____ CAMPUS OFFERING COURSE: _____

POSITION TITLE: _____ DEPARTMENT: _____

COURSE(S) REQUESTED

Please list below the college credit course(s) you wish to enroll in for which you are requesting a tuition and fee exemption:

COURSE	MEETING DAYS/TIMES	CREDIT HOURS
_____	_____	_____
_____	_____	_____

Is the course required for a degree program for which you are enrolled? ___ Yes ___ No

Employee Signature: _____

Note: Your signature is attesting to the fact that you are in compliance with all eligibility requirements. If it is determined after registration that you have not complied with the requirements set forth in this policy, you will be required to drop the course (s) or pay the required tuition and fees. I hereby give permission to release my final exam grade and/or course grade for course (s) listed about to my supervisor.

APPROVED

Is this course(s) job related? ___ Yes ___ No

Immediate Supervisor: _____ Date: _____

Vice Chancellor: _____ Date: _____

Chancellor: _____ Date: _____

CRITERIA FOR ELIGIBILITY

You must meet all of the following criteria in order to qualify for the tuition and fee exemption.

1. You must have least one full year of full-time service.
2. You must be a full-time employee.
3. You must have approval to enroll in the college credit course (s) from your immediate supervisor, vice chancellor and the chancellor.
4. The college credit course (s) must be job related
5. Only three (3) hours per week of job-related courses may be taken during work time without charge to leave. Any requests for enrollment requiring more than 3 clock hours absence must be accompanied by an annual leave form for the semester.
6. Any class schedule changes have to be approved by filling out a new exemption form.

CERTIFICATION OF SATISFACTORY PROGRESS

Attach a transcript copy (The Registrar's office will provide a copy at no charge) reflecting all work completed under the tuition exemption program. If this is the employee's first request for enrollment under this program, please indicate here. _____

I have reviewed the attached transcript and certify that the staff member has achieved satisfactory progress in all courses previously taken under the provision of the educational leave policy.

Supervisor Signature: _____