

SOUTHERN UNIVERSITY SYSTEM

CAMPUS	▶	SUS	SUBR	SUNO	SUSLA	SUAREC	SULC	◀circle one
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APPLICATION FOR FULL-TIME EMPLOYEE FEE 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 TITLE: ▼	Employee's Work Department ▼

Employee Currently Seeking a Degree ?		YES		NO	
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If Yes, Employee/Student Academic Plan:

Major:		Minor:	
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First Admitted:	
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Pursuing:		BA/BA		MA/MS		PhD		Other	
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Current Classification	Freshman	Sophomore	Junior	Senior	Graduate	Special	Other	◀circle one
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Hours Completed:		Expected Date of Graduation:	
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Previous/Current Colleges Attended:	Credit Hours Earned	Degree Received	Field	Years Attended	Other

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 fee 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 fee waiver for stated Courses. In seeking a fee waiver, I certify and understand that:

I am expected to complete all undergraduate classes for which fee waiver is granted with a grade of "C" or better or graduate classes for which a fee waiver is granted with a grade of "B" or better to remain eligible for participation in this program; and

I am eligible for a fee waiver for classes taken at a Southern University Campus ONLY. I am requesting the use of Educational Leave & will submit an approval from my supervisor for one 3 credit course per semester.

▲ EMPLOYEE'S SIGNATURE ▲

▲ DATE ▲

assessed, along with a COPY OF BILLING STATEMENT.

THIS DISCOUNT/WAIVER IS APPLICABLE TO THE COST OF TUITION ONLY !