

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/BS	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

NOTE -First time applicants MUST attach curriculum sheet* from catalog showing all courses to be taken in your program of 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:

- (1) I am NOT eligible for both a fee waiver and other financial aid;
- (2) 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
- (3) I am eligible for a fee waiver for classes taken at a Southern University Campus ONLY. I am requesting the use of Educational Leave & submit a completed SU 628 Application for Leave Form.
- (4) I acknowledge to continue work at SU for a specified time after the courses are completed by way of tuition waiver benefit program.

▲ EMPLOYEE'S SIGNATURE ▲	▲ DATE ▲

NOTE: Submit this completed form and REQUIRED ATTACHMENTS* to the Human Resources Office after FEES have been assessed, along with a COPY OF BILLING STATEMENT.

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

*******REVERSE SIDE*******

APPLICATION FOR FULL-TIME EMPLOYEE FEE WAIVER

SUPERVISOR'S CERTIFICATION AND APPROVAL

I, certify that (employee's name) _____, SSN: xxx-xx-_____ (last 4 digits) is a full-time employee in the (department) _____ and is approved to take these classes. By my signature, I recommend him/her for a FEE WAIVER for them (up to six hours ONLY).

SUPERVISOR'S SIGNATURE		DATE

*******FOR UNIVERSITY'S USE ONLY*******

Employee (Student) NAME: _____	
SSN: _____	

(1)	Total FEES Assessed		\$
(2)	Tuition AMOUNT	\$ _____	
(3)	Less Tuition Discount WAIVER for ____ HOURS		\$
(4)	AMOUNT TO BE PAID (by Employee)		\$

******CHECKLIST OF THE REQUIRED DOCUMENTS******

✓	(Check ALL as Applicable)				DATE
	(1) Application Complete		◀INITIAL		◀Renwal
	(2) Billing Statement		◀Received		◀On File
	(3) Curriculum Sheet		◀Received		◀On File
	(4) Grades - Prior Semester		◀Received		◀On File
	(5) Leave Application (Education Leave)		◀Received		◀#Hrs
	(6) Employment Agreement (Attach)		◀Received		◀On File
	(6) Employee's Approval Letter to Attend Classes (Attach)		◀Received		◀On File

APPROVED BY:	VERIFIED BY:
▲ Human Resources Staff ▲	▲ Cashier ▲

****COPY DISTRIBUTION (Make 5 Copies)****

				(1)	CASHIER (GETS ORIGINAL)			
				(2)	HUMAN RESOURCES FILE			
				(3)	EMPLOYEE/STUDENT			
				(4)	EMPLOYEE'S DEPARTMENT			
				(5)	FINANCIAL AID			

COMMENT(S) •	