

**APPLICATION FOR FEE WAIVER**

I. [To be completed by the employee]

Employee Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Institution \_\_\_\_\_ Dept./Div. \_\_\_\_\_

I request approval to enroll in a course during the \_\_\_\_\_ term at \_\_\_\_\_ (institution/school). The course in which I wish to enroll is \_\_\_\_\_ (title and number), which carries \_\_\_\_\_ hours of credit and meets from \_\_\_\_\_ to \_\_\_\_\_ o'clock on \_\_\_\_\_ (days of week) from \_\_\_\_\_ to \_\_\_\_\_ (dates).

This course is for:      Credit            \_\_\_\_\_  
   Audit            \_\_\_\_\_  
   Graduate        \_\_\_\_\_  
   Undergraduate \_\_\_\_\_

I understand the conditions affecting my enrollment in this course.

Signature \_\_\_\_\_ Date \_\_\_\_\_

II. [Approval Recommendation]

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

III. [Employment Certification]

Date of full-time employment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Human Resources

Note to accepting institutions: This employee has been approved to participate in the PC-191 Program on a fee waiver basis only. The accepting institution/school will not be liable for any fees due as a result of the above employee's enrollment in the referenced class.