APPLICATION FOR FEE WAIVER

I.   [To be completed by the employee]

Employee Name _____

Personnel Number _____

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.