



**ACADEMIC TUITION ASSISTANCE PROGRAM FORM**

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Waiver Hours Requested \_\_\_\_\_ Semester \_\_\_\_\_

Course Number	Prefix	Class Time Schedule	Days

Attach a description of the employee’s Revised Work Schedule, (if course is scheduled during employee’s regular work hours). This schedule must be signed by employees’ supervisor.

By signing below, I affirm that:

- the cumulative GPA since entrance into this program exceeds 2.5 GPA;
- Courses requested to be waived herein have not been audited or previously enrolled;
- All class related activities will be performed outside normal work hours.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator, Employment & Benefits

\_\_\_\_\_  
Date