



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