RSU

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

Academic Tuition Assistance Program
1-61000-28 (Revised 09/2008)