



Lake Superior State University

EMPLOYEE APPLICATION FOR TUITION WAIVER

Name _____ Social Security Number _____

Position _____ Department _____

I do do not have a four-year degree. Year degree granted * _____

I request admittance to the following credit courses during fall spring summer semester, _____:

Course No.	Course Description	Days/Times Scheduled	Credits	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total Cost	_____

Employee Signature: _____ Date: _____

Adjusted work schedule of equivalent working hours as follows: _____

Department Head Approval: _____ Date: _____
(for staff requiring adjusted work schedule)

Financial Aid Action: _____ Date: _____

Fee statement must be credited by Financial Aid Office to show waiver of tuition and approved fees and processed through the Student Service Center.

**For tax purposes only.*

Distribution by Human Resources Office:
Original — Human Resources Office
Canary — Employee
Pink — Financial Aid Office