



# 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<b>Total Cost</b>	_____

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:**

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