

Request for Educational Assistance - Fee Waiver

Last Name	First Name	M.I.	Employee ID Number
Department	Account Number		Job Title
Work Phone	Cell/Home Phone	Most recent Employment Date	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time

I request to enroll in the following course offered at:

Name of Institution	From Date	To Date	Semester	Year
Course	Course Title	Credit Hours/CEUs	Meeting Days (M,T,W,Th,F,S) or On-Line	Time: From-To (am/pm)

 This course is: Undergraduate Graduate

 An alternate work schedule for this class has been requested: Yes No *(If yes, the schedule is attached)*

I have been fully admitted to the above stated institution and understand the conditions affecting my enrollment in this course. If following my enrollment in a course and if upon verification of my enrollment status, I am found to be ineligible for this benefit I will be responsible for payment of all previous waived fees plus any other applicable charges. I understand the conditions affecting my enrollment in this course. I have read and fully understand the requirements (as detailed in the appropriate section of TBR Guideline P-130 and Columbia State Policy 05:18:00) related to my request for educational assistance.

Applicant's Signature _____ Date _____

Authorization Section

 I certify that the above named person is a full-time part-time employee of this institution who is under my direct supervision. I approve this request for educational assistance and have addressed any scheduling issues related to the employee's attendance in the class detailed in the request.

Immediate Supervisor's Signature _____ Date _____ Job Title _____

Administrative Supervisor's Signature _____ Date _____ Job Title _____

Human Resources Office

Date of Employee's Employment: _____

I attest that the employee meets the program requirements for the stated request.

Office of Human Resources _____ Date _____

Business Office

 Cost of Course: \$ _____
 Date _____

Enrollment in Courses under the Fee Waiver PC 191 Program:

1. Available to regular or temporary full-time and part-time employees employed by Columbia State.
2. Employees must comply with the admission requirements of the Tennessee state educational institution to be attended.
3. Questions regarding admission and enrollment must be addressed with the institution in which the course is being taken.
4. After all approvals are secured, employee must provide the form, original if required, to the institution in which enrolled according to the directions and policies of that institution.
5. Fee Waiver Program must be used before application of the Tuition Reimbursement Program.
6. Regular and temporary part-time employees may enroll in a class at Columbia State only.