**REQUEST FOR TUITION EXEMPTION / EDUCATIONAL LEAVE**



During the Fall  Spring  Summer  Semester, 20 , I, am requesting your approval for Tuition Exemption  and / or Educational Leave  to attend the following classes.

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| --- |
| TUITION EXEMPTION APPLIES TO LSU CAMPUSES ONLYCampus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course/No. Ref # Credit Hours Days Time Course/No. Ref # Credit Hours Days Time |
|  |

My regular work schedule is:

 Number of Days Per Week Number of Hours Per Week

Last semester attended:

I have enrolled in one or more of these classes previously under the tuition waiver program. Yes No

I have obtained a Bachelor’s Degree. Yes No

My signature is attesting to the fact that I am in compliance with all eligibility requirements. If it is determined that I have not complied with these requirements, I will be required to drop the course(s) or pay the required tuition. I hereby give permission to release my final exam grade and/or grade for the course(s) listed above to my supervisor and attach a copy of the last relevant semester grades to this form as required in the criteria for eligibility.

 This request authorizes the LSUS administration to access my grades for these classes in order to confirm the satisfactory progress required to continue in this program. ***I understand the program will only waive tuition for a particular class one time.***

 **Also, it is my understanding that the Payroll Section of Accounting Services will report to the IRS, as income, educational assistance for any graduate level course(s) as outlined in IRS Notice 89-33.**

Requested By:

Employee Signature Date Employee PID # Student ID #

Approved By:

 Department Applicant’s Job Title

 Department Head/Supervisor Signature Date

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 Human Resource Management Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Graduate Studies Date

 (No potential Conflict of Interest)

REV 05 - 01/2016