

REQUEST FOR TUITION AND FEE EXEMPTION

Employee Name			Employee ID			
Position Title			Department			
Building Address		Rm #	Email			
		CRITERIA FO	R ELIGIBILITY			
 You must have a You must be a fu You must have a The college cred Only three (3) have 	at least one ye ull-time emplo approval to en lit course(s) m ours per week	` '	e) from your immediate sup ken during work time with REQUESTED	pervisor and departr nout charge to leave	nent head.	
		e credit course(s) for which		tuition and fee e		
Department	Course		Description		Credit Hours	
LSU Campus		Stud	dent ID	Semeste	r	
Is the course(s) required for a degree program for which you are e					No	
Is Educational Le	ave being r	equested ? Yes	No	<u> </u>	_	
you have not comp	lied with the	g to the fact that you are in con se requirements, you will be red release my final exam grade a	quired to drop the course	(s) or pay the requi	red tuition / fees.	
Employee Signat	ure					
		APPR	OVALS			
Is this course(s) j	job related i	Yes	No			
Immediate Supervisor				Date		
Department Hea	nd			Date		

______ Date _____