This waiver request form must be completed and submitted for each semester.

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

XU ID: _____ XU Email: _____ @xula.edu Date of Hire: _____ /_____ /_____

Employment Classification: Faculty Staff Department: _____

COURSE ENROLLMENT

Requesting Tuition Waiver For: Fall Spring Year: _____

Educational Level: Undergraduate Graduate Major Course of Study: _____

Course Number: _____ Course Title: _____

Credit Hours: _____

Please explain how this course relates or will relate to your job assignments with the University.

_____

_____

_____

SIGNATURES

Employee's Signature: _____ Date: _____ /_____ /_____

Immediate Supervisor's Signature: _____ Date: _____ /_____ /_____

Dean/Admin Director/VP of Dept's Signature: _____ Date: _____ /_____ /____ /