

PELLISSIPPI STATE TECHNICAL COMMUNITY COLLEGE

APPLICATION FOR FEE WAIVER - PC 191

I. EMPLOYEE – Complete this section

Name _____
Last First M.I. Social Security No.

Department _____ Account No. _____

Job Title _____ Employment Date _____ Full Time ()

Phone _____
Home Work

I request to enroll in the following course offered at _____
(Institution)

Dept.	Course No.	Code No.	Section No.	Credit Hours	Course Title
From	To	A.M./P.M.	<u>Mon Tue Wed Thu Fri Sat</u> (Circle days class meets)	Semester	Year

Undergraduate Graduate For Credit Audit

Does the tax exemption regarding graduate courses as explained in the instructions on the reverse apply to this course?

_____ Yes _____ No

If you answer "Yes," please explain how this course is related to your job.

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 previously waived fees plus any other applicable charges.

Applicant's Signature Date

II. AUTHORIZATION SECTION – Complete this section

I certify that the above named person is a full-time employee of this institution who is under my direct supervision. If the tax provisions discussed in the instructions apply, do you consider the course job related? _____ Yes _____ No

Immediate Supervisor's Signature Date Job Title

Director, Dean, Department Head or Vice President Date

A. Human Resources Office

Approval _____
Signature Date

B. Business Office

Cost of Course: \$ _____
Date

Approval _____